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# MEDICAL ECONOMICS

March 1928

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The Business Magazine of the Medical Profession

V. 5 no 4



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# MEDICAL March 1928 ECONOMICS

The Business Magazine of the Medical Profession

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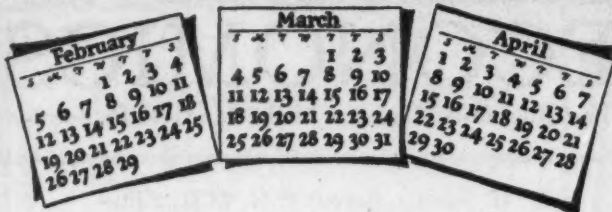
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|----------------------------|---------|
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| Iodine.....                | 0.01%   |
| Boric Acid.....            | 0.1%    |
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| Essence of Menthol.....    | 0.002%  |
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## infectious arthritis

"Its effects may be little short of miraculous."

—Smith, Boston M. & S. Jrl., Feb. 24, 1927.

" . . . the most efficient drug treatment in subacute and chronic cases."—Schauffler, J. A. M. A., Nov. 19, 1927.

"A drug which has given more than 80 per cent. of improvement in various types of arthritis . . ."—Cottrell, Am. J. Med. Sci., Nov. 1927.

In gonorrheal arthritis, "Antigonococcic serum . . . or ortho-iodoxybenzoic acid should be administered intravenously, as soon as possible."—Thomas, J. A. M. A., Dec. 24, 1927.



We are now marketing Ammonium Ortho-Iodoxybenzoate under the trade name of

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Please send me a  
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**P**RACTICALLY every doctor uses Mercurochrome for some purpose or other in his practice, but few doctors use it for all the purposes for which it can be employed with great effectiveness. If you are using Mercurochrome in the eye, try it in the ear, nose and throat; if for urethritis in the male, try it for cervicitis in the female; if in accidental wounds try it in surgical wounds; if for the preparation of obstetrical cases, try the special alcohol, acetone, aqueous solution for preoperative skin sterilization; if in erysipelas, try it in eczematoid ringworm. There is hardly an infection or infected condition in which a thorough trial of the value of Mercurochrome is not worth while.

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*Write us for Literature Giving Valuable Suggestions  
for the  
Many Uses of Mercurochrome*

**HYNSON, WESTCOTT & DUNNING - Baltimore**

# MEDICAL March 1928 ECONOMICS

The Business Magazine of the Medical Profession

This is Volume 5, No. 6

Editorial Offices: Rutherford, N. J.

## Doctors and Druggists Join Forces

[to advertise health]

*"See Your Doctor First—then a 'C. R. D. A.' Druggist"*  
is the slogan of this new, two-year  
Columbus campaign

By B. R. Mull

MUCH has been said and volumes have been written in recent years concerning the "dispensing physician" and the "prescribing pharmacist."

In some localities, evidently, a clearly defined conflict exists between physicians and pharmacists, instead of that friendly spirit of good-fellowship and co-operation so essentially necessary to the welfare of both professions.

It cannot be denied that there is an occasional renegade pharmacist, who, contrary to his training and the traditions of his calling, will prescribe for every ailment, whether it be diabetes, carcinoma, tuberculosis, or housemaid's knee. If the pharmacist has no regard for public health or the welfare of his patron, he is assisted in his mal-practice by several natural factors. He is open for business all hours of

the day and night, carries comprehensive stocks ready at hand, and charges no fee, depending for his profit upon the sale of the product which he prescribes. This places the physician at a disadvantage, as he spends but a few hours of the day in his office, and must depend upon the fees derived from his patients for his maintenance.

It should be remembered, however, that this type of fellow is frowned upon far more by his fellow pharmacists than by the physicians.

The pharmacist of today is compelled by law, in most states, to undergo a training period of four years, after he has completed his course in a first grade high school. His education consists largely of materia medica, botany, pharmacy, chemistry, toxicology and posology, whereas that of the physician consists more of therapy, anatomy, diag-

nosis and surgery. It is obvious therefore that while the two professions are dependent upon each other more or less, the pharmacist is not prepared to prescribe and neither is the physician directly fitted to dispense.

The ethical pharmacist is a distinct adjunct to the physician,

be derived from an organized group of pharmacists. The bill carried in most of the rural counties of the state, and but for the excellent work done by the physicians and pharmacists working together in the larger cities, would have become a law.



## Announcing **The COLUMBUS HEALTH CAMPAIGN**

**A HEALTHIER AND HAPPIER COLUMBUS!**—This is the desired result of the Columbus Retail Druggists' Association through an extensive Health Campaign planned for 1928. This campaign, which partially consists of weekly newspaper announcements, has been carefully outlined and is destined to have a three-fold purpose:

- (1) To promote the health and personal welfare of all Central Ohio.
- (2) To show how physician and pharmacist co-operate at all times for the benefit of their patients and the greatest public.
- (3) To give the public to the most reliable registered pharmacists of Columbus—Drug Stores that are owned and operated by men whose efficiency and skill has been proven—Men who are specially qualified to render the finest prescription service possible.

There will be a vitally interesting message for you in each one of these announcements; look for them every Tuesday. You will recognize the announcements of the Columbus Health Campaign by the "C. R. D. A." emblem—the same insignia that marks each drug store where a member of the Columbus Retail Druggists' Association offers his professional service. Look for this gold lettered emblem on the door or window of your drug store—look for announcements every Tuesday.

THE COLUMBUS RETAIL DRUGGISTS' ASSOCIATION

**See Your Doctor First—Then a "C.R.D.A." Druggist**

A full-page  
newspaper  
advertisement  
inaugurating  
the Columbus  
Health  
Campaign

and is a constant safeguard and security for both the doctor and his patient. He holds the secrets of the physician inviolate, and keeps his prescription safe from prying eyes, not excepting those of other physicians.

The recent presentation of the initiated chiropractic bill to the voters of Ohio served to arouse the physicians of that state to an appreciation of the benefits to

It was of some benefit, however, for it moved the physicians of Columbus to see the importance of educating the laity through paid space. With this in mind a meeting was called and committees appointed. These met, adjourned, met again, adjourned some more, and finally decided upon a series of educational advertisements to be run in the



local papers. Two important details were overlooked. They were copy, and finance.

At this point the local drug association once more came to the rescue. The result is this:

Beginning the first week in January and continuing at regular weekly intervals for two years, an educational advertisement addressed to the laity will appear in the largest daily paper. The copy has been prepared by the advertising manager of one of the large ethical pharmaceutical houses and paid for by the local drug association. This body will also pay for the space.

Physicians are supplied with prescription blanks bearing their

In selecting the medium for newspaper advertising, the druggists did not attempt to impose upon any publisher, nor did they solicit free publicity. The Columbus Dispatch, which covers central Ohio like the proverbial blanket, and which through its sane and conservative policy gains access to the best homes of the community, was selected. Every Tuesday throughout the year, a quarter page to full page display advertisement will appear. The copy has been prepared by a man of recognized ability, is neat, concise and conservative. The Academy of Medicine has read and approved all the copy to be used.

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The campaign described in this article proves two things: first, that the physicians of Columbus, at least, are awake to the need for some sort of action in educating the public; and second, that it is not so impossible after all for physicians and pharmacists to share the same point of view. In this respect, the Columbus project opens a new and important possibility in health advertising—the cooperation of medicine and pharmacy.

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own card, with registration numbers to meet the requirements of all state and federal laws. The emblem of the local drug association appears at the bottom of the advertisements, with the admonition to 'take your prescription to any pharmacy displaying this emblem.'

The purpose of the campaign is to emphasize the value and importance of health and the necessity of protecting it; the important place the physician has in affording this protection; to impress upon the public the dangers of quackery and self-medication. To inspire greater confidence in the family physician and to re-establish the dignity of the medical profession.

Physicians are informed by letter in advance, as to the nature of the copy to be run. They are also supplied with prescription blanks bearing individual cards, blotters, booklets and other information. The only insignia appearing upon the prescription blanks, aside from the doctor's personal card, is the emblem of the druggists' association. This emblem is also used upon the doors and windows of the drug stores, to identify the members of the association.

Before the plan was put into effect, a survey of the physicians of Columbus was taken. There are 504 physicians in Columbus, 74 of whom are connected with state institutions, and therefore

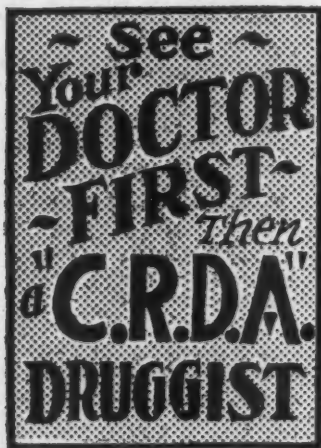


not in active practice. Of the 430 remaining, 360 expressed hearty approval of the plan. The remaining few did not respond.

The Dispatch, shortly before the first copy was run, commented editorially under the caption "Druggists Launch Health Campaign," as follows: "An educational health campaign has been planned by the Columbus Retail Druggists' Association for the purpose of enlightening the public on matters pertaining to the professional side of the drug store business. Formal announce-

pharmacy. The campaign was originated and sponsored by the local association, and the following men are members of a committee directly in charge of the campaign: Harry M. Dingman, chairman; F. J. Martin, Harvey W. Miller, John G. Slemmons, Wm. I. Newlove, Herbert Williams, Paul R. Groff, Chas. W. Robinson, C. H. Campbell and Theodore Wetterstroem."

The first announcement, published as a display advertisement, appeared two days after the



ment of the campaign will be published in the Dispatch Tuesday evening, and subsequent announcements will appear every Tuesday. It is not only the plan to present ethical pharmacy in these announcements, but also health messages and valuable information that should aid in keeping healthy. Most of the members of the association are co-operating in the campaign, and these stores display a new 'C.R.D.A.' gold-lettered emblem with a red and black background, on the door or window of their

In sharp contrast to a slogan once widely advertised to the public, namely, "See your druggist first", the keynote of the Columbus campaign emphasizes the importance of the doctor in the health picture.

above editorial, and was as follows:

#### "ANNOUNCING THE COLUMBUS HEALTH CAMPAIGN

A HEALTHIER AND HAPPIER COLUMBUS! This is the desired result of the Columbus Retail Druggists' Association through an extensive Health Campaign planned for 1928. This campaign, which partially consists of weekly newspaper announcements, has been carefully

outlined and is destined to serve a three-fold purpose:

- (1) To promote the health and personal welfare of all Central Ohio.
- (2) To show how physicians and pharmacists co-operate at all times for the benefit of their patients and the general public.
- (3) To guide the public to the utmost reliable registered pharmacies of Columbus—Drug Stores that are owned and operated by men whose efficiency and

The keynote of all newspaper copy is the line "See your doctor first." The announcement above appeared as a full page spread in the Dispatch, probably reaching two hundred thousand homes. The Association emblem appeared prominently at the top of the page, and in the lower corners. The principal motive is to connect the emblem with the prescription drug stores in the minds of the people. In this manner they will be taught to distinguish between the patent medicine stores, and the regularly regis-

"...the purpose of the campaign is to emphasize the value and importance of health and the necessity of protecting it; the important place the physician has in affording this protection; to impress upon the public the dangers of quackery and self-medication; to inspire greater confidence in the family physician, and to re-establish the dignity of the medical profession."

skill have been proved—Men who are qualified to render the finest prescription service possible.

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**THE COLUMBUS RETAIL  
DRUGGISTS' ASSOCIATION**  
**SEE YOUR DOCTOR FIRST—  
THEN A 'C.R.D.A.' DRUGGIST**

tered pharmacies. It is common practice in Columbus in some of these patent medicine stores, for the clerks to attempt to dissuade a prospective purchaser of a prescription item, to forsake the doctor's orders and buy some nostrum to be taken at the discretion of the patient instead of the article prescribed. By connecting the Association with prescription stores it is thought the health and welfare of the public will be safeguarded to some extent. At the very least, folks will learn that every store displaying a bottle of patent medicine is not a prescription store.

The druggists involved also have their code of ethics, to which they closely adhere. Long ago, they saw the inconsistency of filling their display windows with "the world's greatest tonic,"

(Turn to Page 45)



## A Suggested Plan for the Medical Suite

*Based on a St. Louis Dental Office*

**A**DENTIST in St. Louis recently moved into a suite of offices, which for dignity, convenience, and attractiveness, are believed to be very near the finest in the country.

In fact, so unusual is this suite of offices, that MEDICAL ECONOMICS requested permission from the firm who arranged and equipped them, to describe their more interesting points for the benefit of physician-readers.

Not only was permission to do this granted, but a special plan was evolved for a suite of physician's offices which would contain many of the advantages already worked into the dental plan.

On the opposite page is reproduced the new layout, devised for a group of physicians occupying the corner of an office building.

But first, a brief description of the St. Louis dentist's office:

The suite consists of four operating rooms, a large laboratory, private office, sterilizing room, dark room, rest room, and a well proportioned reception room.

One of the most important impressions a patient received is in the reception room. A more tastefully arranged reception room then would be hard to imagine. The rough plastered walls,

wrought iron fixtures, two toned red tiled floor, together with an antique chest, a gate leg table, and the modified Jacobean furniture upholstered in linen frieze of a coloring that reflects the same color scheme as the walls and floor, all tend to carry out effectively the idea of an early English room.

One of the most striking features of the reception room is the door leading into the hallway from which the various other rooms of the suite open. This door was designed to carry out the early English feeling of the reception room, and is a massive, panelled, oak door, over which is a semi-circular wrought iron grill which furnishes ventilation as well as ornamentation.

**E**VERY detail was perfectly carried out. Not only was it necessary to comb every section of the country to get the hand forged, wrought iron fixtures, but the greatest thought was given also to the selection of the hardware throughout the office. The knobs on the inside of the doors of the operating rooms are crystal so that they can be sterilized, and those on the outside are hand forged wrought iron with a Swed-

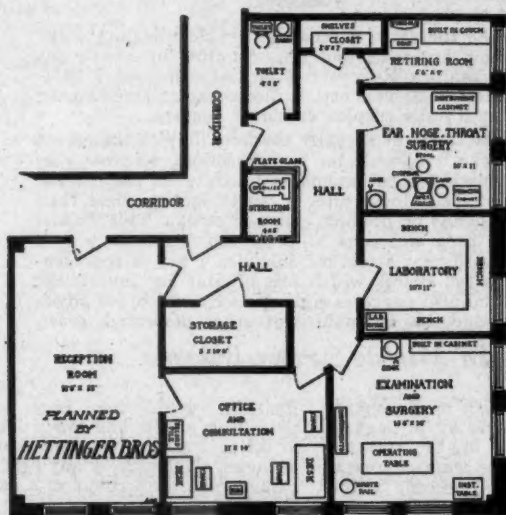
ish finish which again accentuates the early English idea that characterizes the atmosphere of the office decoration.

Inside this door has been placed a large glass panel which forms a partition between the sterilizing room and the inner hall. This arrangement affords the patient, in passing to the operating rooms, an opportunity to see the ultra modern and sanitary equipment which has been provided for sterilization. This

pastel shade of green of high reflecting value.

The X-ray machine in one of the operating rooms has been mounted on a panel of white marble, also trimmed with the black fossil marble, that is continuous with the wainscoting.

An inside hallway with arched doorways extends the entire length of the floor space, from which the various rooms open. The secretary's desk has been so placed in this hallway that she



A plan  
for a group  
of physicians  
occupying  
the corner  
of a  
building

sterilizing room, as well as the four operating rooms is provided with a five-foot wainscoting of white marble with a trim of black York fossil marble above, and on the window sills. This same treatment of trim is carried out throughout the office, being used at the base of all operating room cabinets and all work benches in the laboratory. In all these rooms, the walls above the marble wainscoting and the ceilings are painted with a beautiful

has ready supervision of all rooms. A most dignified and ingenious call system has been worked out. Above the secretary's desk is an electrically operated xylophone gong which announces the entrance of anyone entering the reception room.

There is a toggle switch in every room which sounds the buzzer and lights a dome light over the door indicating from what room the call is coming. A code of signals has been estab-

(Turn to Page 40)



# The Doctor and his Investments

**THIS** is the fourth of a series of articles, dealing with investment problems and opportunities of physicians, by Merryle Stanley Rukeyser, financial editor of **MEDICAL ECONOMICS**. This article discusses preferred stocks as an outlet for the surplus funds of doctors.

High prices in the security markets despite the recent reaction, make it difficult for the conservative investor to purchase a high rate of income with safety. In the present market, preferred stocks offer a better income yield than high grade bonds or premier common stocks. This discussion of the pros and cons of preferred shares in a well balanced investment structure, includes a list of representative preferred shares which are suitable for investment purposes, and also suggests eight tests by which the physician can judge the desirability of other preferred issues.

*By Merryle Stanley Rukeyser*

**T**HE physician who seeks to invest funds at present is confronted by the inescapable fact that the wages of capital have fallen in recent years.

The significant change has been reflected in an upward trend since 1922, despite intermediate reactions, in the price of outstanding security issues. Moreover, corporations and governments, in floating new security issues, have been able to attract thrift funds by offering a far lower interest rate than prevailed during the post-war inflation.

Accordingly, the investor must recognize that he can no longer get the investment bargains that abounded in 1920. Gradually, the

financial world has been approaching a new and lower level of interest rates. The best grade of bonds give scarcely any higher return than an account in a savings bank.

The pursuit of high returns, such as were readily available in the abnormal period that has drawn to a close, may lead the unskilled investor into hazardous courses.

The new buyer at prices recently prevailing gets a comparatively low return. With the yield on capital showing a long term downward trend, the retired practitioner who lives on his income from investments is doubly hard pressed because as a consumer he competes with workers whose

wages have not come down. Thus, though investment income has been receding toward the low levels which prevailed at the beginning of the century, the cost of living is nearly double what it then was.

What is the way out of the dilemma?

Investment trusts, which are savings institutions with a speculative tinge, are springing up in

prosperity, they are attractive for the individual who is primarily concerned with present income. For physicians who desire freedom from administrative detail, preferred shares are investments that are free of red tape. No coupons need to be clipped, for instead the mailman brings the periodic dividend check. Moreover, dividends, unlike interest on

---

"As a practical rule of thumb guide for physicians, I suggest the subjoined tests of the merit of preferred stocks:

"1. Would there be adequate tangible property behind the preferred stock, after all the bonds and other debts of the corporation were paid off?

"2. Is the demonstrated earning power over a period of years—not the prospective or 'maybe' earning power—equal to the preferred stock dividends with an ample margin to take care of fluctuations in the normal business cycle?

"3. Is there a substantial block of common stock junior to the preferred outstanding to assume the shocks and speculative risks of the business?

"4. Does the company occupy a commanding or at least a superior place in its industry?

"5. Is the company engaged in an essential and relatively stable and permanent industry?

"6. Is the preferred issue safeguarded by priority as to assets, by at least conditional voting power, by cumulative provisions, by a power to veto proposed obligations which would have a prior claim on earnings and assets?

"7. Is the preferred issue callable and is the redemption price above the present market value?

"8. Has the stock participating or convertible features? These are comparatively rare, but, where obtainable, add to the attractiveness of preferred issues."

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answer to the popular demand for a high return and safety. The success of such institutions for investing by proxy will of course vary with the character and skill of management.

Of standard domestic securities, preferred stocks offer a relatively high return with reasonable safety. Though they definitely limit the extent to which the holder can participate in

bonds, are free from the normal income tax.

At the turn of the year, a list of twenty good preferred stocks showed a yield of about 5.40 per cent, a full point more than high grade bonds and .60 per cent. more than common stocks. In other words, the medical man who bought bonds or common shares at such a time would have to suffer a curtailment in invest-



ment income for the advantages seen in other types of investments. Those not dependent on income might be in a position to forego current return in the hope of further appreciation in common stocks; or, the affluent, desiring only to conserve principal, might well be attracted to the great security obtainable in high grade bonds.

The return on 33 typical high grade industrial stocks was only

entail claim on earnings, which preferred stocks offer, can achieve both objectives through the purchase of "convertible" or "participating" preferred stocks, which, however, are becoming increasingly scarce.

As a matter of fact, the supply of all types of good preferred stocks has of late been decreasing. This is partly due to the fact that many corporations, which retained the privilege of

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### Preferred Stock Primer

**PREFERRED STOCKS** are *cumulative* and *non-cumulative*. If current dividends on *cumulative* shares are not paid, they accumulate for the benefit of the preferred stockholders, whose claims must be fully satisfied before any distributions may be made on the common stock. On the other hand, in the case of *non-cumulative* stocks, each dividend period is considered separately, and, if a dividend has been omitted, the slate is nevertheless wiped clean.

Preferred stocks are *callable* or *non-callable*. *Callable* shares are subject to redemption under specified conditions at a price usually above par, whereas *non-callable* stocks remain outstanding as long as the corporation endures.

Preferred stocks are *convertible* or *non-convertible*. *Convertible* shares may be changed for common stock at specified price ratios within definite periods of time. The advantage of the *convertible* feature is that it assures participation in future prosperity to a greater extent than ownership of *non-convertible* preferred shares whose dividend is limited to 6 or 7 per cent, as the case may be.

Preferred shares are *participating* or *non-participating*. *Participating* shares have a preference over the common shares for dividend disbursements, and, after the common shares get a stipulated return, the preferred participates equally or in stated proportions with the common stock. This provision, like a convertible clause, mitigates the limited return factor common to other types of preferred stocks.

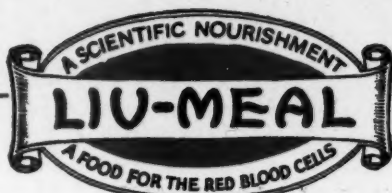
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4.80 per cent., and that on high grade bonds only 4.40 per cent. The New York savings banks pay 4 to 4½ per cent, and assure the highest degree of safety, and savings and loan associations pay 4½ to 6 per cent, depending on the plan selected.

Investors who want both the possibilities of unlimited returns of common stocks and the prefer-

doing so, have taken advantage of changing interest rates by retiring outstanding preferred stock issues, carrying a 6, 7 and 8 per cent dividend rate, and have replaced them with 4½ per cent debenture bonds. Such switches have enabled these corporations to get outside capital at a lower cost. On the other hand, some preferred stock issues





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## A Prepared Liver Substance For The Red Blood Cells

Medical literature is replete with evidence of interest in liver diet for anemia.

Cooked liver, while answering indications, is not easy to feed for indeterminate periods. The appetite for this food lags eventually, and there are many patients unable to take it at all.

LIV-MEAL furnishes a convenient form in which to administer this valuable food to anemics. It is concentrated beef liver substance prepared in vacuo and scientifically treated to be both potent and palatable.

Clinical tests are proving its value. It is easy to administer, pleasing to take, and efficacious.

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Please Print Name

.....  
My Druggist is.....

are noncallable; their holders are protected against this procedure.

From the standpoint of the corporation, there is a disadvantage in replacing preferred stock with bonds. The fixed charges, which must be met if the corporation is to avoid bankruptcy, are increased. Dividends on preferred stocks do not constitute a charge against a corporation's earnings, which cannot be shifted. They are payable only if the directors are willing that they should be, whereas interest payments on bonds are an inflexible charge. Accordingly, a corporation, with a large proportion of its capital derived from stocks, instead of bonds, has more leeway in times of economic stress.

In the case of the strong, well managed companies, this disadvantage is theoretical, as direc-

shares of capably managed public utility operating companies and of smaller industrial concerns. However, unless the record of the concern seems to assure the continuance of the dividend, it is foolhardy to buy preferred shares as the risk does not justify the possible return. Common shares are a better medium for the venturesome who are interested in assuming larger risks in the hope of future appreciation.

Ordinarily, preferred issues are wholly unsuited for builders of financial castles in the air who expect untold riches from a small investment, because the return is definitely limited.

Preferred shares, like common, represent a partnership interest in a business concern, not a debt, like a bond. Some corporations, like the National Biscuit Com-

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Send inquiries to Financial Editor, MEDICAL ECONOMICS, Rutherford, N. J., and please enclose a stamped, self-addressed envelope. The counsel of Merryle Stanley Rukeyser, nationally-known authority on banking and investments, is now available to readers.

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tors have looked upon preferred shares as investment issues, and have usually paid the dividends even during hard times, provided a surplus was available. On the other hand, they have had no such scruples in omitting dividends on common stock.

Another advantage to strong corporations in replacing stock issues with bond issues is the existing Federal income tax schedules, which require a 13½ per cent impost on income after deducting interest payment on bonds but before deducting dividend disbursements on stocks.

With the standard preferred stock issues beginning to take on a scarcity value, some of the best opportunities to get substantial income without undue risk are in the less well known preferred

pany, have no securities which outrank the preferred shares. In such instances, a preferred stock is in a stronger position than in companies where the preferred shares are preceded by a vast array of bond issues, which constitute a prior claim to assets and to income.

Preferred shares, which are cumulative, receive back dividend accumulations, if any, before dividends can be paid on the common shares. Non-cumulative preferred stock, on the other hand, enjoys the priority only during the current dividend period, after which the slates are automatically wiped clean.

Like common shares, preferred stocks have no maturity dates, but remain outstanding until the

(Turn to Page 59)



# At the Expense of Tradition

By

H Sheridan Baker.

IT IS now old news about that election in the New York County Medical Society two months ago, in which a small group of radicals opposed the conservative ticket, and lost. But it is not so old that we can't make a few guesses about it, especially as concerns future elections.

The first guess is that the winners are deceiving themselves if they think, as the *New York Medical Week* put it, that the election was "a triumph for medical tradition." Maybe it was, if one thinks only of today. But if one looks ahead a few years, the victory may appear an empty triumph, a triumph like that of the horse who raced the first automobile, and won.

Is it too wild a guess to suggest that the minority radicals who lost this election will run another day, and win? More than that, won't they and the young blood in other medical societies the country over be stimulated by this seeming defeat to more and stronger efforts to temper tradition?

What is tradition, anyway? A necessary balance wheel to progress, of course, but on the other hand, progress is only made at the expense of tradition. Fortunately, there is a growing opinion in this country that the medical pro-

fession is fast approaching the time when it will shed its old and useless traditions, and begin doing things.

In my opinion, the losers in the New York County election are unmistakable symptoms of the approaching change. That isn't a guess, it's a wager. And apparently I am not the only medical scribe who thinks so, for the editor of *American Medicine* put the idea very nicely when he said:

"Not infrequently the officers of medical societies adopt a superior viewpoint which elevates them in their own minds above the very group who have elected them to office . . . too frequently the officers of organizations regard themselves as the organization or as the owners of it . . . ."

"Physicians should be cognizant of the fact that progress does not arise from conservatism, but in spite of it . . .

"The county society has a valuable function to perform and this function should be performed publicly and not in the privacy of its committee meetings or at the gatherings of small groups of officials. One symposium a year on medical economic problems, for example, with discussions representing the various viewpoints would be productive of a better attitude and spirit than now obtains . . . ."

"To attempt to set the medical profession above the public weal is irrational. It is important, therefore, to appreciate the interrelations among the private physician, the medical profession, the private family and the general public—a county medical society should serve as a medium of seeking and interpreting these relationships."

**T**HE conservatives may win again next year, and the next. Perhaps they never *will* lose, but if they do not it will be only because they accept the "tempering of tradition" so necessary to progress.

Let us move slowly, but let us move. Let us have evolution and avoid revolution. Remember Henry Ford and his Model T.



# Making the Specialty a Little Less Special

*Two recent books by specialists who had something to say - and said it!*

**F**OR a very logical reason, MEDICAL ECONOMICS does not include in its limited space any regular department of book reviews. That reason is that most medical books are purely therapeutic or scientific in their relation to the physician, and already

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"Two books have recently been published, both of them by specialists. They will undoubtedly be reviewed in other medical publications, in the regulation fashion. . .

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are capably reviewed by the strictly scientific medical journals.

But for the unusual medical event, and more particularly for the book that has a bearing on the economic or humane side of the physician's life, there is always space in these pages.

Two books have recently been published, both of them by specialists. They will undoubtedly be reviewed in other medical publications, in the regulation fashion. But MEDICAL ECONOMICS wants to say something of its own about them.

The first is "Foot Orthopædics," by Otto F. Schuster, and the second is "Troubles We Don't Talk About," by Joseph F. Montague, M. D.

Both of them are unusual, because they discuss two of the lesser known, the less spectacular, and unfortunately the less interesting sets of diseases, and dis-

cuss them in such a way as to help the general practitioner.

Here their similarity ends. "Foot Orthopædics" is a large, 576-page book, with enough illustrations and other practical features to make it directly helpful as a book of reference and practicing-manual for the general practitioner.

And if he uses it as such, he will be able to realize an opportunity he has perhaps been previously passing up, namely, the treatment of foot cases. So many of these cases either have not received serious attention by general practitioners, or have been referred elsewhere, that the title of Prof. Schuster's book might very well be "Troubles We Haven't Bothered With."

It is for the purpose of encouraging practitioners to bother with these cases that MEDICAL ECONOMICS calls attention to the work. "Foot Orthopædics" serves

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But MEDICAL ECONOMICS wants to say something of its own about them . . . "Foot Orthopædics" . . . and "Troubles We Don't Talk About" . . .

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as an excellent example of how the specialist can help his more isolated colleagues, by making his own specialized knowledge available in easily accessible and understandable form.

Its author is Chief of Staff of the Foot Clinics of New York



and Maurice J. Lewi, M. D., the editor, is President of the same unit. The experience of the Foot Clinics, which annually treat thousands of cases, have been utilized in describing the many varieties of foot conditions noted in the volume.

"Troubles We Don't Talk About" was written for the laity by a man whose first and natural inclination was not to write it at all. To write it meant sacrificing a certain professional and justifiable reticence, and it also meant opening himself to accusations by shorter-sighted colleagues.

For Dr. Montague's book is frankly a book for the laity. The title refers tactfully enough to rectal troubles, upon which the author has written several textbooks and has also given motion picture courses.

This was his first venture in writing for public perusal, and

its popular sale is proof enough of its need.

But in its final effect it is an economic help to the general practitioner, in two ways. It sends him patients who might otherwise stay home and worry along indefinitely or go to the advertising quack, and it also provides him with a simple handbook to recommend to patients who may not have seen it. It is exactly the sort of book that every physician should place on the table or in the bookcase in his waiting room, for it says very tactfully what he cannot even suggest.

"Foot Orthopaedics" is published by The First Institute of Podiatry, 55 E. 124th St., New York, and is priced at \$8.00; "Troubles We Don't Talk About" is published by J. B. Lippincott Co., Philadelphia, Pa., and is available at all book stores, for \$2.00.



## Regulating the Fee

Reported by Lawyer Hayward



HE patient had refused to pay; the doctor sued, and was being cross-examined by the opposing attorney.

"And you charged \$500 for these services?" the attorney demanded.

"I did," the doctor assured him.

"How much did you charge X for the same services?"

"\$100."

"Why the difference?"

"Because X was a poor man, and this patient is well able to pay \$500."

"Don't you know that the law

does not permit you to regulate your fees according to the means of your patient?"

"That's a legal question that I cannot answer, but I've always done so," the doctor averred.

Of course, if the patient and physician agree on the amount of the fee, no such question can arise, but when there is no express contract, and evidence is offered to show the financial condition of the patient, the American Courts have decided both ways on the point. The Louisiana and New York courts, for instance, have ruled that the evidence is permissible, while the Arkansas and Iowa Courts have ruled the other way.





# Everybody's Business

By Floyd W. Parsons

**L**IFE has become so complex that one must be very wise in order to draw a correct balance between the many opposing forces. It was the aim of our forefathers to make machines that would do the required work in satisfactory fashion. They did not consider it necessary to make their devices pleasing to the eye. As a result art was something for museums. Serviceability was the only goal.

The first Ford car was built on these specifications. Art was kept alive largely by charity, and the genius having the ability to create beauty was expected to exist half fed in an attic with none of the security of livelihood enjoyed by members of the more practical professions.

This has all changed. Machine methods quickly created an excess of productive capacity. Consumption was outrun. Super-salesmanship became necessary, and the more alert leaders of industry immediately grasped the opportunity to draft the artist and capitalize beauty.

As a result the world is being painted with color and everyone has joined in the assault on drab and ugly things. Goods and packages have been re-designed. Chain restaurants that resembled

hospitals have added gay tints to their furnishings. A railroad has gone so far as to have its locomotives decorated in green and gold. Plumbing fixtures are produced in every hue, and manufacturers generally have joined the procession headed toward style and beauty.

The old-fashioned store has given way to the smart shop, where tables take the place of counters, walls are tinted and the furnishings throughout suggest the atmosphere of an artistic home. Mere utility is not enough. We insist on living and working in a more pleasant environment. In the meantime the artist who loathed the idea of commercialism is not only eating more regularly, but finding that he is exercising his talent in a worthy cause.

**B**ut there is a limit to the number of colors we can employ. We are proceeding at a pace that will soon exhaust the larger possibilities of the element of style and the appeal of beauty. In hundreds of directions we are coming close to the peak of consumption. Folks can eat, wear and use only so much. High-intensity advertising and salesmanship are not sufficient. The problem is

rapidly resolving itself into a matter of cost.

The same science that made our new life possible now becomes more vital than ever in the struggle to maintain commercial supremacy. Still greater changes are coming, especially in the field of new materials. Perhaps the best way to get a good line on approaching developments is to give a hasty glance at what is going on around us.

A few years ago it would have appeared to be a far cry from house insulation to the manufacture of sugar. But not so today. It seems only yesterday when a little company was formed for the purpose of making our buildings more nearly heat-proof and sound-proof. After an expendi-

in manufacturing insulation is crushed cane fiber. But the best source of supply was outside our own country, so it was only natural that the management of the little company should try to get its raw material nearer home.

An investigation disclosed that Florida is particularly well suited to grow sugar cane, and this

"... science becomes more vital than ever in the struggle to maintain commercial supremacy."



Photo by Ewing Galloway

#### DITCH DIGGING IN FLORIDA

ture of considerable time, money and effort, this concern employing one hundred and fifty men, started in producing thirty thousand feet of insulation a day. Now the same corporation employs six thousand people and its output totals nearly 1,500,000 feet daily.

The best raw material for use

discovery disclosed a great opportunity which the insulation folks hastened to grasp. Already they have nine thousand acres of cane in the Florida Everglades ready for grinding. It cost them one million dollars to drain a fifty-thousand acre tract of rich soil, but they are harvesting fifty tons to the acre, which is three times the average yield of cane in Cuba. Therefore, as a result of the development of an insulation industry, we have unexpectedly opened the way for the building of a big sugar business of our own.

The outcome will be cheaper insulation as a result of the profit derived from the sale of sugar. There will no longer be any necessity for building homes that represent hardly more than oversized radiators engaged in melting tons of snow on their roofs, and in dissipating high-priced energy to the outside atmosphere. Insulation makes it possible for the householder to heat with gas at a cost very little greater than

(Turn to Page 73)



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## Can the Average Patient Be Sent Abroad?

By A. H. Appelmann, Ph. D.

*American Director, German Health Resorts*

EVERY physician knows that a winter in Florida, a spring at the Riviera, a summer in the Adirondacks, or a fall in California is practically beyond access of the patient with average means.

Yet the therapeutic effect of such a sojourn is just as pronounced with one class of patient as with the other. The white-collar office worker benefits as greatly as, if not more than, the big butter-and-egg man.

It is well to see just what the possibilities are of arranging a trip abroad, with a well-ordered rest, at a cost well within the ability of a moderate purse.

Frankly, I know of no place the world over that provides quite the same sort of situation that the German resorts do.

In the first place, they are not difficult to reach. The various student travel accommodations advertised by almost all the large steamship companies are practically as comfortable as any first-class passage, even if not as luxurious.

One thing they do not require, and that is dressing up for dinner. Informality is the rule. And I know of no better rest cure than mixing informality

with pleasure. There is one point at least where this class of passenger scores over the well-to-do patient.

These accommodations, as I said, bring the German resorts in easy reach. In fact, one can compare the cost of going abroad in this fashion to a motor trip through a few states.

The cost of a "Tourist's Cabin" round trip is about \$180.

A stay at one of the German Health Resorts can be almost unbelievably inexpensive.

Room and board may be had at any one of the beautiful non-pretentious German health resorts from two to five dollars per day. In addition there are the health restoring waters of which one may partake according to the physician's prescription.

THERE are all kinds of sports. Bathing in these healing waters costs from thirty-five cents to two dollars according to the type of bath desired. These are prices which people of average means can afford to pay.

A number of German Resorts have beaten their own record on this scale, by issuing so-called "Pauschalkurkarten"—SEASON TICKETS, including certain medicinal baths, full board and

260  
240  
220  
200  
180  
160  
140  
120  
100  
80  
60  
40  
20  
0



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room with or without private bath. (These accommodations are really luxurious.)

Thus any physician whose patients cannot afford "Resort-Prices" has an opportunity to recommend something that warrants a health benefiting, jolly good time. Three hundred and fifty dollars will enable anyone to make the trip and stay at a German Spa for a period of about six weeks—indeed a charming and economical combination of pleasure and rest, within reach of practically anyone.

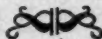
In case a physician himself wants to spend a summer in a German resort, he will get the same reductions his German colleagues enjoy and there is the additional advantage that he may attend one or another of the post graduate courses which are being

offered by many of the larger resorts, the lectures being given by well known medical authorities in the respective fields.

Inasmuch as the spas are in the immediate neighborhood of the larger cities, such as Berlin, Cologne, Wuerzburg, Heidelberg, Munich, Leipzig, Breslau, it is very easy, during the sojourn in the spa, to be a more or less frequent guest of the nearby university clinics.

Particularly the American medical student is always a most welcome guest.

It is rather gratifying to add that some 70,000 people from this side of the Atlantic realized pleasure and advantage from this kind of a sojourn last summer, and among them were numerous members of the medical profession.



## "Conditional Sale"

Reported by Lawyer Hayward



**Y**OU can have the cash outfit for \$300—6, 12 and 18 months," the salesman offered.

"I'll take it," the doctor agreed.

"Of course there'll be the usual 'conditional sale' agreement that we take on all time sales, providing that the title to the outfit remains in us till full payment," the salesman suggested.

"No objection to that," the doctor concurred, and signed on the dotted line.

Two months later the doctor's office went up in smoke through no fault or negligence of his, and when the first payment on the outfit came due the seller demanded the amount thereof.

"The outfit was yours till paid for, then it was to be mine. Now you've got no outfit to deliver, so I'm clear of my contract," the doctor contended.

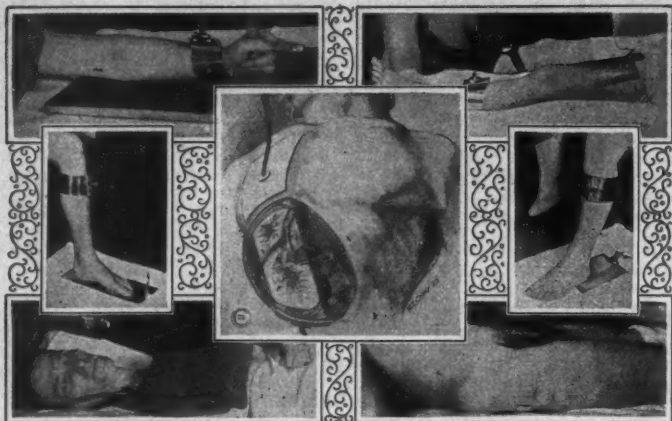
"No—you're bound by the con-

tract, regardless of the fire," the seller retorted.

On this point the law is in favor of the seller.

"We are of the opinion that the true rule is that the loss must fall on the purchaser. First, because his promise to pay the purchase price was unconditional. The article had been actually delivered, and was being used by the buyer. There was no provision in the contract that the buyer was to be released from payment of the purchase money notes. Then retention of title in the seller was a mere security for the payment of the price. Second, the buyer should sustain the loss, because the article passed under his dominion and control, and if the rule were otherwise, the buyer would have no incentive to take care of the property," says the Kansas Supreme Court in a case on this point.





## DIATHERMY

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**T**HAT is the simplest definition of medical diathermy. In other words, it is the application of the particular form of high-frequency current that produces this effect. It does not come under the category of the hot water bottle, electric heating pads and other similar devices which are basically surface applicators.

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A modern, correctly designed diathermy machine has proved its value to thousands of physicians in practically every branch of medicine. Our Reprint Library Service can undoubtedly refer you to authoritative literature citing clinical results with diathermy in conditions common to your practice, whether general or specialized. Your inquiry will not obligate you in any way.

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# Why Country Doctors Leave Home!

*A look-before-you-leap warning to city doctors who may feel the urge of moving to the country*

By J. B. H. Waring, M. D.

Blanchester, Ohio

EVERY once in so often our medical journals burst forth with effusions on the crying need for doctors in the rural districts. Always there is a reference to the patriotic duty of the young physician to leave the city and ruralize himself.

Sometimes one must wonder whether this "go-west-young-man" advice is entirely disinterested. True it is that a certain percentage of the "arrived" M.D.s in the larger towns and cities have toiled long and arduously in the rural medical vineyard until they have accumulated a certain indispensable minimum of this world's goods, whereupon they have promptly joined the "back to the city" movement.

These men knew what they were talking about as to rural conditions in their own time; but they cannot properly visualize the change in conditions brought about by good roads, telephones and automobiles in the life of the rural folk.

Another percentage of big city exploiters of the rural for the young physician has never had any actual contact with rural practice. Their knowledge of country medical practice has been often gleaned from perusal of a few "Main Streets," taking a week-end trip "to the country."

Consequently about the only actual way for the present-day young physician to see what rural practice is like, is for him to get right on the firing line and

rural-practice a bit for himself.

Sometimes the vaccination does take, and the young doctor becomes so in love with the fresh air, fresh eggs, and vegetables, the barnyard tang, and so on, that he actually subsides into a steady-going country doctor, content perforce to become a more or less hypertrophied frog in the atrophied puddle.

With some, however, the rural vaccination refuses to take; and they slowly begin to devise ways and means for negotiating safely a trek back to town.

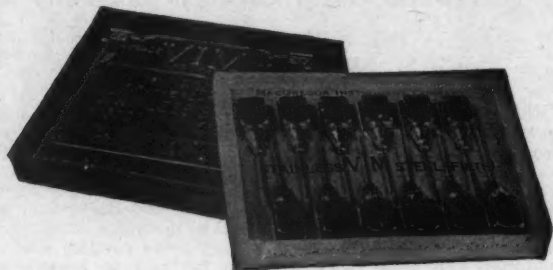
Some of them never accumulate enough financially to make the journey, and for the balance of their days put in a fresh air existence in the country, dissatisfied and yearning for the "joys" of city practice.

OTHERS make the back track successfully and slowly and laboriously they begin to work up a city practice.

Two or three decades ago, if a young doctor was able to pick out a more or less isolated country village for a start, and was able to survive the active opposition of the two or three old physicians still puttering away there, he might work up enough of a practice by night and day going, to enable him to start in a larger town.

Nowadays, however, with good roads, the telephone and the automobile, competition has increased in every direction. Worse

## "One VIM is Equal to Two Good Sermons"



*[[ The letter below was received from a Western physician whose name we will furnish on request. We will be glad to send you a sample "VIM" Needle, too. ]]*

"Some nine or ten months ago you sent me a sample "Vim" needle of stainless steel. This needle has such a remarkable record that I wish to thank you for producing such a valuable adjunct to the physician's working kit.

"At the time I received the needle I placed it in my hypodermic case with two or three other 'ordinary' needles; within a week or two I had thrown away the other needles because (as usual) they had become worthless from corrosion, dulling or obstruction of the lumen. From that time to this day, I have had no other needle in this case. It has been boiled, dropped, put away damp (always) steeped in alcohol (denatured) and has never had a stylet in it, but is as good today as the best needle I had ever previously used. It lies loose in the case, as its square base will not fit into the needle receptacles, and has therefore been subjected to innumerable insults in rattling around in the metal case through all these months.

"I would ordinarily have used up two dozen of the old-fashioned type, and would have incidentally burned up considerable atmosphere in cursing the damn things when they wouldn't work (Also as usual). One Vim is equal to two good sermons!"

**MacGregor Instrument Co.**  
Needham, Massachusetts

still, the better class (financially) of country people pass right by the local doctor and consult the doctors in the next larger towns and cities. They may pay much larger fees, and receive no better medical attention, but they like it, and without a whimper they pay fees to the city doctor that would cause a riot back in the village. A telephone call, and the doctor from the larger town is right out.

As a general thing, then, the

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"... about the only way for the present-day young physician to see what rural practice is like, is for him to get right on the firing line and rural-practice a bit for himself."

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country doctor today gets what little minor emergency work there is in the community, with more than his share of the slow-pays, poor-pays, and deadbeats.

Surgical work of all kinds is carted off to the town or city hospital. If the family doctor feels like taking the time off to accompany his patient to the hospital in the city, they will let him in somewhat begrudgingly and also permit him to be among those present at operation.

The country doctor's time is a dead loss nowadays at such functions. In the good old days, they used to permit him to give the anesthetic and derive a pathetic fee from this, or perhaps side-line "assist" in the operation. Nowadays a thing like that is seldom permitted, and if the country doctor thinks as the surgeon thinks—that he is entitled to a separate fee on this from the family, if he is brave unto

recklessness, let him try and get it!

"Fee splitting" is the unpardonable sin in the eyes of any surgeon and of course rightly so, but an open and above-board "fee division" might help our rural confrere some in this connection. Some member of the family having been referred to the big city man by the family physician, they go directly to the surgeon or specialist next time, and if while in his office they happen to mention a cough or a cold, or a little "indigestion," that often becomes enough in his line to prescribe for right on the spot. So it goes.

The point I want to make here is that unless the young city doctor feels the rural urge with a true missionary intensity, he will do well to ponder the early-day trials and tribulations of establishing a city practice, before plunging into rural tribulations. We shall always have rural doctors, just as we shall have city

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"... with some, the rural vaccination refuses to take; and they slowly begin to devise ways and means for negotiating safely back to town."

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doctors, and here and there some country doctor will work out a good living where some city doctor has a harder financial row to hoe. I say nevertheless that one should ponder the move.

In passing, just a true tale or two of city doctors who essayed the rural.

Doctor A. became discouraged with the slow progress of building a city practice and began to

answer advertisements of country openings that fairly glowed with promise. One ideal location struck his eye, with an account of a village located right in the apple belt of a well known eastern state; good roads in every direction, good schools, churches, stores, lodges and electric lights. About everything but grand opera, it seemed, and the radio would supply that. Ready to hand was a fine modern house, with good barn, garden, chicken park, pasture for cow, fruit orchard, etc. No opposition for miles in every direction; in fact more practice than one doctor could handle.

On personally looking over the field, this young doctor found the village was merely a cross-roads with three or four houses, one of which an ambitious owner wanted to rent to some doctor at about double what he could rent to a native. There were roads in every direction and "good" for about three months of the year. Two miles away was a well-established doctor, who had incurred the enmity of the advertiser by pushing for collection of a bill, so the advertiser conceived the idea of revenge by skin-gaming a competitor into location at the cross-roads.

Three miles in the opposite direction was still another physician and five miles further a third, all active and well established. Luckily the young doctor got in touch with an older man,

who knew the section well and who had known his family in earlier days. From him the young doctor learned that no less than five physicians had been coaxed to settle at this cross-roads on the same glowing representations he had received, and all had been forced to pull up stakes after a few months and seek elsewhere.

Here is another: Doctor B. came out of the Army, and upon looking for a location, was told there was a fine place at "Smithville." A young doctor had just died there from overwork, and the old physician left was in bad health and hardly able to get around. The people were clamoring for a doctor. This looked encouraging so Doctor B. bought out the office and effects of the deceased physician and settled down to await the rush. The first thing he found out was that the "old" doctor was not so old, but that he had been in the community many years. By the process of "never spending a penny," it seemed he had accumulated a competency and was merely taking a vacation under the plea of ill-health, while the first young doctor ran himself to death trying to handle single-handed an influenza epidemic. With this past, and practice conditions down to normal the "old" doctor began to sense a possible loss to his prestige and financial condition. He regained his health rapidly, and soon plunged into full practice as of yore. His health before had not permitted

## BOILS HEAL QUICKLY

when treated with

Inflammation stops by the fourth day; a healthy base before the tenth.

# STANNOXYL

No pain; no lancing; no disfigurement; no spread of infection.

PURE OXIDE OF TIN AND TIN METAL

Samples and literature on request.

THE ANGLO-FRENCH DRUG CO., 1270 Broadway, New York



## A NEW STRIDE in Nose and Throat Therapy

*Mistol and the Mistol dropper offer a really effective means of relieving inflamed mucous membrane*

**A** REMEDIAL measure for coryza, simple cough and similar ailments—of proven merit—Mistol has none of the drawbacks of many agents.

Unlike douches, there is no possibility of sinus trouble . . . no force being used in application. No inflamed part of the mucous membrane escapes its soothing action, as is often the case with salves.

Because of its viscous quality—Mistol clings tenaciously to the surfaces. And it is not easily washed away by the natural secretions. Thus the healing ingredients remain in contact long enough to exert their full effect.

The unique Mistol dropper assures you that the patient can safely apply Mistol as you direct. He simply tilts the head back and lets Mistol drop into each nostril until it runs down the back of the throat.

Mistol was developed in co-operation with leading nose and throat specialists. Menthol, eucalyptol and camphor are carefully compounded with a specially prepared liquid petrolatum.

Thus you can, with complete confidence, recommend Mistol. It is a safe, effective ally to your own efforts.

Sold in original sealed cartons containing a two-ounce bottle and Mistol dropper

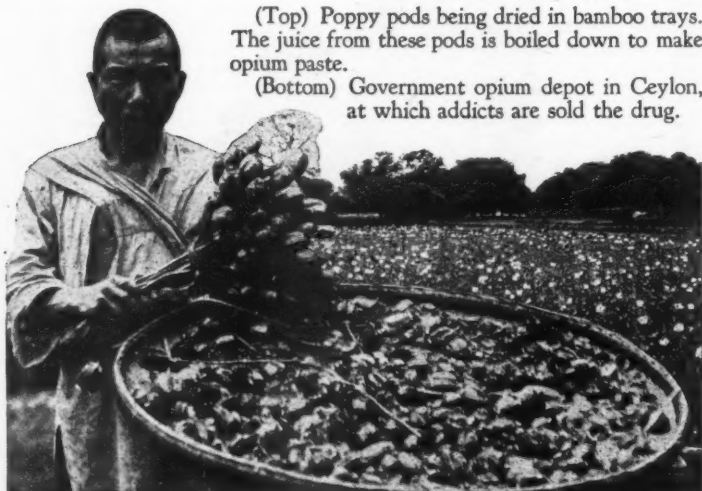
# Mistol

REG. U. S. PAT. OFF.
Made by STANCO INCORPORATED, 20 Broadway, New York

# The World and Its Opium

(Top) Poppy pods being dried in bamboo trays. The juice from these pods is boiled down to make opium paste.

(Bottom) Government opium depot in Ceylon, at which addicts are sold the drug.

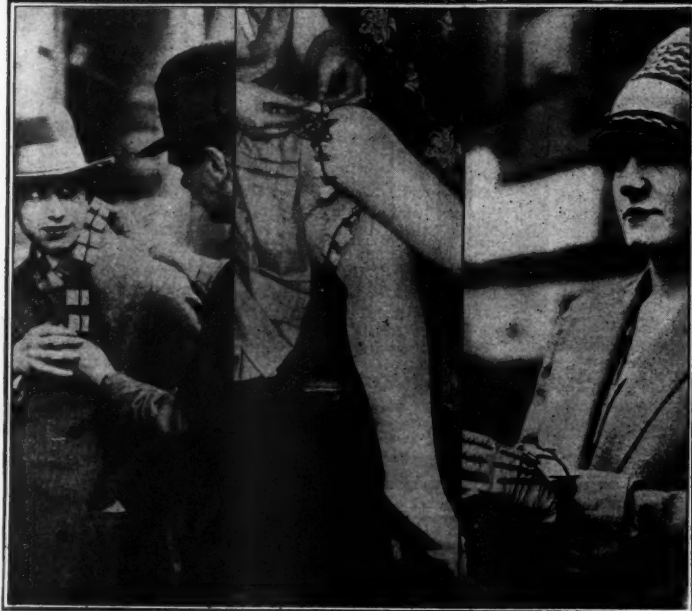
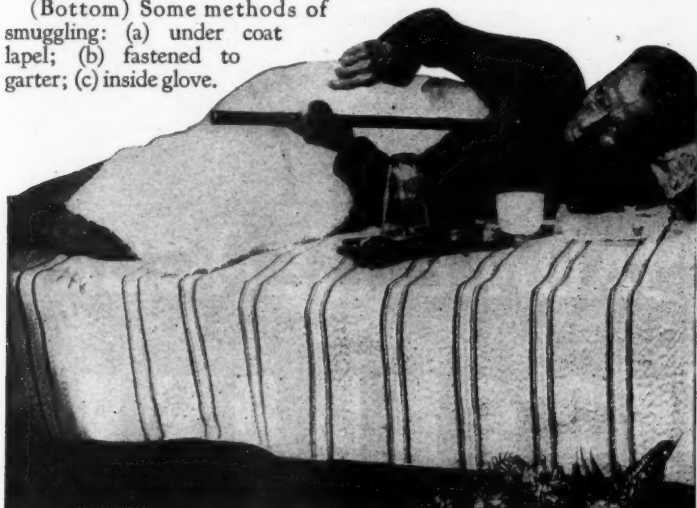


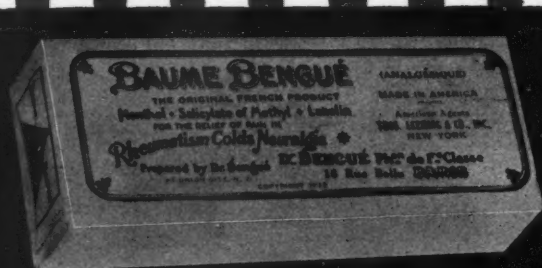


(Top) Citizen of Hong Kong preparing his pipe. He puts a drop of opium wax in the bowl, then lights it over the lamp.

*More pictorials  
next to page 48*

(Bottom) Some methods of smuggling: (a) under coat lapel; (b) fastened to garter; (c) inside glove.





# BAUME BENGUÉ

(ANALGÉSIQUE) (Pronounced "BEN GAY")

THE ORIGINAL FRENCH PRODUCT  
NOW MADE IN AMERICA

For Aches, Pains, Rheumatism, Chest Colds

INSIST ON THE  
BROWN AND WHITE PACKAGE

WRITE TODAY FOR YOUR SAMPLE TO  
**THOS. LEEMING & CO., Inc.**  
525 Sixth Avenue New York

him to take night calls and confinement cases; but now he was able to take everything but the deadbeats. And as his fees were much lower than any self-respecting doctor would charge, about all the young physician got in the way of practice were the deadbeats and a few old chronic venereal cases.

He was young, agreeable, well-trained and a good mixer, but the villagers simply passed his office by. After about three months of this, Doctor B. naturally became discouraged with rural practice; and hied himself to a coal mining job with the idea of ultimately working his way back to the city, cured of the country for all time. With his competition out of the way, the "old" physician once more suffered a decline in health and began to take life easy once again, while the villagers began to clamor anew for another doctor.

And still a third: Doctor C. in looking for a rural opening, was told that a doctor was badly needed at a place we may call Phoenixville. An old doctor there ran a drugstore in connection with his practice in the village, and, being well away from other towns, had little competition. He was woefully out of date in his methods, and physically too feeble to practice much longer.

Through keen investments and years of saving he had become well fixed financially for his vil-

lage, so it was thought that he really meant it when he often said how much he wished a younger doctor would come in to relieve him.

When Doctor C. actually arrived on the scene, however, and began to look around for a house to reside in and use as an office, the old doctor promptly put pressure on through his lodge and other affiliations, so that the prospective new physician not only was unable to rent even a barn, but met with open display of unfriendliness by the villagers. With such an outlook for the start, Doctor C. somewhat naturally took his departure.

Doctor D. was a good, well-trained man, who went into the regular army from hospital life. Neither he nor his wife liked the unsettled life they lived, moving from one military station to another, so having saved up a few dollars, he decided to resign and go into civil practice.

In casting about for a location, a friend in a large eastern city told him of a very promising village location, where the only doctor had recently died and where the people were very anxious for a physician to settle. Without even stopping to inquire further, Doctor D. sent in his resignation from a western military post, and headed direct for the village, all enthused over commencing the civil practice he wished for.

A suitable house was secured  
(Turn to Page 65)

## DANISH OINTMENT

(TILDEN)

The approved twenty-four hour treatment for Scabies

Price per pound.... \$1.28 Per dozen 2-ounce jars.... \$3.00

—A Trial Will Convince You—

**THE TILDEN COMPANY**

Pharmacists and Chemists since 1848

New Lebanon, N. Y.

::

::

St. Louis, Mo.

## The Fack-ne Twin

—“easy to carry as  
a fountain pen”

One little twist removes the cap, revealing the two thermometers, (one Oral and one Rectal,) each in its separate compartment. A partition inside the case runs clear to the bottom, providing a separate container for each instrument.

**F**ACK-NE IMPROVED Thermometers are made of “tempered glass” and not easily broken. The bulb, containing less mercury and at the same time presenting a larger surface, registers quicker than ordinary slender tipped styles.

Red case with black trimmings, \$4.00  
(Complete with two thermometers)

Black case with amber trimmings, 5.00  
(Complete with two thermometers)

**FAICHNEY INSTRUMENT CORP.**  
WATERTOWN, NEW YORK



# New Shapes in the Sky

*A Series on Medical Arts Buildings*

XIV

*St. Petersburg*

**T**HE new St. Petersburg Medical Arts Building, representing an investment of about \$300,000 is the largest and most elaborately planned structure of its kind in Florida.

Details of the building, its purposes and policies, its manifold features, are given by Dr. Leroy Wylie, president of the Medical Arts Corporation which has erected and which will operate the enterprise.

The new building, with its many departments, opens a new field for the city. It gives St. Petersburg a great structure wherein, under a single roof, the sick and the ailing have the atmosphere of home and beauty, sunshine and quiet, while receiving treatment.

The building is erected on designs of Roy Wakeling of Clearwater. Before the plans were approved Dr. Wylie made a long tour of the cities of the United States which have medical arts buildings, studying not only the lines of construction, but also the grouping of physicians, surgeons and dentists. Without exception Dr. Wylie found physicians and surgeons who are

tenants in other medical arts buildings in favor of them.

As yet there is no grouping of men in the new building, but later, such arrangements may be made. The offices are laid out so they may combine very readily.

The building, erected and equipped at a cost of about \$300,000, is of fire-proof material and construction. It is of three stories. The first story and second story provide for all needs of doctors and dentists and the third floor is arranged in apartments with modern conveniences.

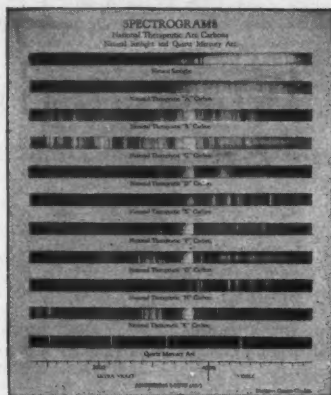
It is 205 feet long, 125 feet deep, and is of steel and concrete construction, with fine finish in stucco, with tile. The roof is of tile, and a feature of the Spanish design is the wide eaves, with beams.

**T**he building is one block removed from a trolley line and has free air and light on all four sides, with extension parking space. It is close enough to the main thoroughfares of the city to be "close in," but it is removed just far enough to give the quiet desired for such a structure and its operations.

*(Turn the Page)*

# The carbon arc becomes more firmly established daily

*Produced by the largest manufacturer of carbon products.*



*Manufactured under competent technical supervision.*

CARBON arc light therapy is playing an increasingly important part in light therapy, due to the pronouncedly beneficial results obtained. From the operator's standpoint, the carbon arc presents the important advantage that only one type of lamp is required, any desired energy distribution within the spectrum being obtained by choice of

the necessary "trim" of National Therapeutic Carbons. Nine different types are available. The physical characteristics of the light each produces are described in the booklet, "National Therapeutic Arc Carbons," sent free on request. The carbons themselves are sold by arc-lamp makers and physicians' supply houses.

NATIONAL CARBON CO., Inc., Cleveland — San Francisco

Unit of Union Carbide



and Carbon Corporation





Entering the main entrance one comes into an impressive general waiting room or general reception salon. It is of effective finish and furnished to give a home-like atmosphere. This main reception room is 52 feet by 38 feet. It has an especially fine mantel and to the right an information department and telephone exchange. In this department the professional need has been combined with an atmosphere designed to create quiet and rest.

No office or group of offices have any entrance to this reception room. On the right is the office of the superintendent, where administrative affairs of the Medical Arts Corporation will be carried on. Off the main entrance is the elevator lobby, which also gives entrance to the apartments on the third floor of the building. This has a fine wall treatment and faience tile floor.

To the left of this lobby is a fully equipped clinical laboratory and the X-ray departments, the laboratories connecting into a rear entrance, easily approached also on a rear stairway from the physicians' and dentists' office on the second floor. Tenants thus can move to and fro without passing within view of those in the reception room.

In the north wing of the building is the corner drug store. It is unique as a drug store of today, for it is in fact the Florida duplicate of the old English apothecary.

It has no display of patent medicines, and its only invoices are of the ethical drugs used by the medical profession and supplies for surgeons and the sick room. The front half of the store is equipped as a room where patrons may rest while prescriptions are filled.

The restaurant is large enough to accommodate 100 guests. It is not now open, but is available for the use of physicians and dentists for meetings until it has its formal opening under experienced management.

In an uncompleted section of the building will be located a physiotherapy department, with facilities for medicated baths and other treatments. Temporary headquarters for this department are now on the second floor of the building.

The second floor is designed in units of various forms for the use of doctors and dentists. The regular unit consists of a consulting room and two examining rooms, connected with an inside hall which gives privacy. In the examining rooms are lavatory, electric or gas sterilizer, built-in dressing cabinet and other conveniences, with ample outlets for water, gas, electricity and waste. The capacity of the doctors' units will accommodate 34 physicians.

On the second floor are units also for nine dentists. These departments are designed by the Ritter company of New York.

*(Turn the Page)*

### THAT CASE OF DYSMENORRHOEA

will respond satisfactorily to the action of

### HAYDEN'S VIBURNUM COMPOUND

also, Menorrhagia, Rigid Os, Post Partum Pains, Pelvic Neuroses, Threatened Abortion, Subinvolution, Prostatitis, Ovarian or Uterine Colic, Gastro Intestinal Cramps.

"H.V.C." is palatable, non depressing and SAFE.

Sample and literature on request.

THE NEW YORK PHARMACEUTICAL CO.

Bedford Springs,

Bedford, Mass.

## When the Colon Bacilli Revolt

WHEN the normally nonpathogenic colon bacilli rebel under the influence of foreign invaders or because of the putrefaction and toxemia resulting from constipation and fecal impaction, the consequences may be grave in the extreme.

The logical treatment is obviously preventive. In all cases of chronic constipation, incipient stasis or fecal impaction, and in certain forms of intestinal toxemia, prompt and efficient evacuation, followed by gradual resumption of normal bowel action, will be obtained by the use of AGAROL, the original mineral oil—agar-agar emulsion.

Agarol is the original Mineral Oil—Agar-Agar Emulsion (with Phenolphthalein) and has these advantages:

Perfect emulsification; stability; pleasant taste without artificial flavoring; free from sugar, alkalies and alcohol; no oil leakage; no griping or pain; no nausea; not habit forming.

# AGAROL

A generous trial supply sent on request.

**WILLIAM R. WARNER & CO., Inc.**

Manufacturing Pharmacutists since 1856

113-123 West 18th St., New York

## For 33 years—the Standard Effervescent Saline

SINCE 1895 doctors have used, prescribed and recommended Sal Hepatica. It is the approved laxative and cathartic for flushing the intestinal tract and for promoting internal purification.

Sal Hepatica is an effervescent saline combination similar to the natural "Bitter Waters" of certain medicinal springs here and abroad, and is fortified by the addition of sodium phosphate.

Sal Hepatica is an ideal preparation for the practitioner to recommend—it is efficient, palatable and reliable, and does not create a condition of tolerance.

Samples for clinical purposes

BRISTOL-MYERS CO., 75 M West St., N.Y.C



# Sal Hepatica

Each dental office unit has a waiting room, private laboratory, two operating rooms and a small X-ray room. All of the units are fitted with compressed air, gas, electricity, water and waste. The dentist supplies his chair and instruments. Sinks and sterilizers are arranged for, the same in the offices for the physicians.

Twenty apartments occupy the third floor. These are in three different arrangements. Each has a living room, dressing room, kitchen and bath. The apartments are completely furnished and have modern kitchen equipment, including Frigidaire, gas range and storage spaces. Some of the apartments have a bed chamber and some have private balconies opening off the living room or the breakfast room. The apartments have Murphy beds, double and single.

Attached to the apartments and facing the main front of the building is a large community salon, 16 by 36, to be used by all apartment tenants. The apartments have incinerator service, with drops from the third floor and from the second and first floors.

Ora F. Frazee, manager of the Peninsular Telephone Company, has devised a system for telephone service which is the first of its kind in the city. Each office and each apartment has telephone service. When a physician leaves his office, a plug is pulled in the exchange which shows a colored light, giving the signal for

a record which is made of his intended absence. The exchange operator takes a record of his whereabouts, and thus keeps in touch with him in the building or elsewhere. On his return such calls as have been received are turned over to him, with names and addresses. A directory in the ground floor lobby shows the "In" and "Out" of the physicians and dentists.

The building is so designed that some of the offices may be used for small operating rooms. No group of offices is more than 55 feet from elevator and stairway.

In the basement of the new buildings are departments for the big system of ventilation, for the steam boiler, for the incinerator, and the motors. The electrically lighted tunnels which carry all the piping systems and cable leads branch out from this basement. This is a new feature in St. Petersburg construction. A workman can pass through these tunnels and make any changes or repairs without tearing up any wall or floor.

Dr. Wylie, in describing how the idea for the building originated, says:

"Several of us, members of the Medical Staff of Faith Hospital, had our private offices in one wing of the hospital, which was not altogether an ideal condition. So it came to mind after careful consideration and investigation of the professional buildings throughout the country, that such

## Improved Balsamic Therapy For Gonorrhea

Effective balsamic therapy—without the vomiting or local irritation so common after ordinary balsams—may be obtained by prescribing

# UROCEDROL

Essential oil of Cedrus Atlantica combined with Urotropin camphorate and salol.

In acute gonorrhea 10 tablets a day, 5 before lunch and 5 after dinner; in chronic gonorrhea, 6 tablets daily before meals. Urocedrol tablets are gluten-coated; therefore, they are not digested until they reach the intestine.

Samples and literature on request.

THE ANGLO-FRENCH DRUG CO.

1270 Broadway, New York City

a building would be of great advantage to the practicing physician and do a great deal to advance the medical profession in this locality.

"I was able to interest the other members of the corporation and we have completed the present structure. Eleven doctors are now active in the building. Each one I am sure feels he is doing a great deal more work and receiving a greater percentage of his fees, than they did outside.

"A few of the advantages that we all derive from being in such a building are: parking space for both our patients and our personal cars; lower rents; continuous telephone service, thus enabling a physician without extra

office help to have constant touch with his practice; the dispensary or drug store in the building, the clinical laboratory and X-ray offices. Likewise the dentist, physiotherapist and osteopath are close at hand.

"No doubt we are some time ahead of the requirements for a city of our present size but our northern visitors, who come here from everywhere primarily for their health during the winter and who likewise are accustomed to receiving the best our profession affords, will receive the same service at the hands of ethical, competent men. At present this is the first building of its kind in Florida."



## A Suggested Plan for the Medical Suite

*Continued from Page 13*

lished which enables each member of the staff to know when he is summoned.

The floors of the laboratory and operating rooms are covered with a black and white marbelized tile linoleum that is effectively trimmed with a solid black border. Several steel mats are placed on the floor of the laboratory to prevent the tracking of plaster from the laboratory to other parts of the office.

The private office is located at the far end of the inner hall and is furnished with a desk, chairs, and a built-in box seat. This seat is provided with a hinged cover which allows the interior to be used for storage space.

In addition to planning for the efficiency of the office, every detail has been provided for the comfort of the patient. A most restful room was designed for the convenience of women patients. The walls are delicate tan while the vanity table, mirror and bench are finished in an attractive shade of pastel green. Here

another built-in box seat is to be found which has been fitted with a glazed chintz pad matching the upholstery on the bench.

The layout illustrated represents certain compromises of partitions, doorways, and special features, in order to have it meet the conditions for which it is presumed to have been planned. With a little originality of thought, any physician or his architect can adapt the scheme to his own purposes.

Note that the plan provides an exit door separate from the reception room, and near the retiring room. It is important to have it apart from the reception entrance, since it is always annoying to physicians as well as patients to pass through the waiting room on the way out. In the new layout, the sterilizing room, with plate glass partition, is placed near the exit.

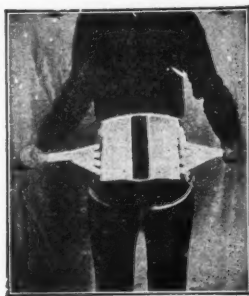
The tendency toward small rooms is a natural one in line with the increase in the price of rental space. These smaller rooms

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# **THE "KOVEN"**

## **Sacro-Iliac Supporter**



Physicians have always desired a back appliance that would exert pressure on the lower part of the spine and at the same time compress the hips without preventing freedom of movement.

The "Koven" Sacro-Iliac Supporter positively accomplishes this result.

Pressure can be regulated as required by adjusting side pull straps.

The Sacro Pad can be adjusted to 32 positions.

Fitted by all reliable surgical houses and by the maker.

**THE JAMISON COMPANY**

**11 Lafayette Avenue**

**NEAR PLATEBUSH**

**Phone NEVins 3700**

**BROOKLYN, N. Y.**

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# PHYSICAL THERAPY

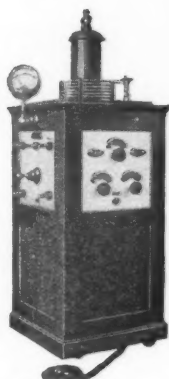
McINTOSH

## HOGAN SUPER POWER HIGH FREQUENCY

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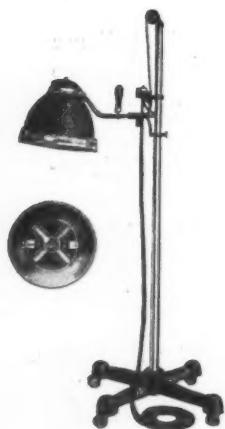
For Hospital,  
Sanitarium and  
Institutional  
Work

Affords  
d'Arsonval, Tesla,  
Oudin Currents  
**POLYSINE GENERATOR**



PORTABLE DIAPHRAGM

FOR BEDSIDE AND LIGHT



## BIOLITE

No. 3660

An Infra Red  
Generator

For Office Work

A Small Hand  
Type also  
Carried

### *These Books*

Compend of High  
The New Ultra  
Therapy  
Infra Red

A perusal of the  
give you full deta  
scription of the  
illustrated.

*Send for Yours*

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# THERAPY EQUIPMENT

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ABLE DIATHERMY

AND LIGHT OFFICE WORK

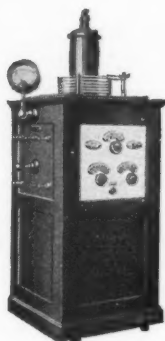
*Free Books Free*

and of High Frequency  
New Ultra-Violet

Therapy  
Infra Red Rays

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u full details and de-  
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*for Your Copy*



HOGAN  
INTERMEDIATE  
HIGH FREQUENCY

No. 8085

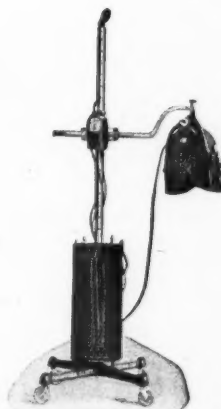
The Ideal Outfit  
for the  
General Practitioner

Affords  
d'Arsonval, Tesla,  
Oudin Currents

UNIVERSALMODE

## McINTOSH MODEL ALPINE SUN LAMP

New Adjustments  
Affording  
Facilities for  
General and  
Orificial  
Technique  
Distinctly Different



ISON COMPANY

YETTE AVENUE  
LATBUSH AVENUE

BROOKLYN, NEW YORK

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# The NEW

## "JAMISON HYPOGASTRIC SUPPORTER" *for PTOSIS*



See that **BUMP**  
IT LIFTS

Especially Recommended for the Thin,  
Asthenic Type of Person

Fitted by all reliable surgical houses or at the  
makers.

**THE JAMISON COMPANY**

11 Lafayette Avenue

NEAR FLATBUSH AVE.

Phone NEVins 3700

BROOKLYN, N. Y.

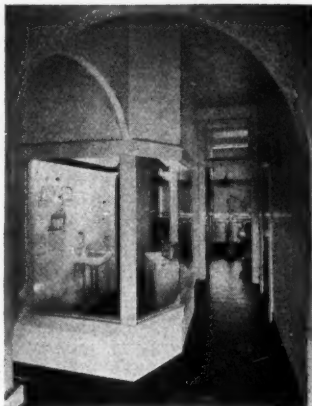
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require at least one electric fan per room. If the air is kept circulating, such small rooms can be kept just as cool and comfortable as larger space. Without fans, the smaller rooms soon become very uncomfortable. The addition of ventilating grills between rooms at a fan location is also to be recommended. Such grills detract but little from the sound proofing effect of solid walls.

The best means of providing for fans is to have the combination fan hanger and wall receptacle for electric outlet in one plate, attached to the outlet box which in turn is set in the wall before plastering. A screw set in the plate provides the means to hang the fan. The receptacle being at the same location eliminates all but a foot or less of cord. The fan is attached to the wall or removed with a single screw and when taken down, leaves no unsightly or other obstruction on the wall.

A reserve number of electrical receptacle outlets should always be provided before plastering or painting. At that time the cost will seldom run over \$5.00 per receptacle. If done afterwards, the wire will disfigure the walls, and even a single receptacle "botches" up a wall. The use of attachment cords running from ceiling lights or wall brackets always makes an otherwise neat office look sloppy. Receptacles for attaching electrical appliances should generally be placed not

higher than from ten to twenty-four inches up on the wall or in the baseboard itself. The use of the duplex receptacles (two outlets in one standard size plate) should always be insisted on as the cost is only a few cents more than for single receptacles.



THE STERILIZING CHAMBER

Patients, whether they realize it or not, are bound to think more of a physician's ability if he practices in surroundings that back him up with an atmosphere of dignity and attractiveness.

The office is the physician's "daylight home"; in it he spends most of his waking life, and he should certainly feel pride in its appearance.

---

### THE NON-LEAKING AGAR-OIL EMULSION

Generous  
Clinical  
Sample  
Gratis

# RINOLIN

Address  
RINOLIN  
66 W. 14th St.  
New York

A DISTINCT ADVANCE IN OIL THERAPY

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## "Let Good Taste Decide!"

Good taste and practical utility should decide every question about the equipment of your office.

Ask your surgical instrument dealer to show you the MEDICAL ECONOMICS Better Equipment Album. It will show you how other physicians have handled the office equipment problem.

### *The Following Manufacturers Will Welcome Inquiries.*

#### *Furniture*

##### **Allison Office Furniture**

W. D. Allison Co.,  
Indianapolis, Ind.

##### **American Metal Furniture**

American Metal Furniture Co.,  
Indianapolis, Ind.

#### *Specialists' Office Outfits*

##### **Sorensen Diagnostic**

##### **Treatment Cabinets**

C. M. Sorensen Co.,  
Long Island City, N. Y.

#### *X-Ray Equipment*

##### **Engeln**

Engeln Electric Co.,  
Cleveland, Ohio

##### **Victor**

Victor X-Ray Corp.,  
Chicago, Ill.

##### **Wappler**

Wappler Electric Co.,  
Long Island City, N. Y.

#### *Physiotherapy Equipment*

##### **Engeln**

Engeln Electric Co.,  
Cleveland, Ohio

##### **Hanovia Alpine Sun Lamps**

Hanovia Chemical & Mfg. Co.,  
Newark, N. J.

##### **McIntosh Diathermy**

McIntosh Electrical Corporation,  
Chicago, Ill.

##### **Victor**

Victor X-Ray Corp., Chicago, Ill.

##### **Wappler**

Wappler Electric Co.,  
Long Island City, N. Y.

#### *Sterilizers*

##### **Castle Sterilizers**

Wilmot Castle Co., Rochester, N. Y.

#### *Office Scales*

##### **Continental Scales**

Continental Scale Works, Chicago, Ill.

##### **Detecto Scales**

Jacobs Bros. Co., Brooklyn, N. Y.

##### **Detecto-Lette Baby Scales**

Jacobs Bros. Co., Brooklyn, N. Y.



# An Industrial Practice Has Its Compensations!

By Denis A. Bethea, M. D.  
Hammond, Indiana

**A** PHYSICIAN who locates in an industrial community has chosen a field that has numerous varied advantages over other localities. In the first place, there are always newcomers who have not attached themselves to any doctor and who call in the new man as quickly as they will an older resident physician.

There is more money in circulation. When these huge pay rolls are distributed among the thousands of workers, the medical man has an even break with the grocery man, the rent man, and the "dollar-down" man. The money is there, so if the doctor does not get it, it is his own fault.

The wages are better, and these working people are usually good spenders. Here in this section they are the best paid workers in the world. It has well been said that if you want to make money "you must go where money is." It might be better to say "you must go where money is spent." Every physician in these industrial communities has a chance to make a living.

Of course there will always be some who are better salesmen than others. The doctor has his services to sell and here is the market. I do not mean to infer that he has to resort to any quackery or charlatanism, but I do mean that he must deliver the goods.

It is true that the patients, as a rule, have short patience, but satisfactory services are sure to bring ample rewards.

Another advantage that the industrial center offers is the continual moving of its products. Even though there is a closing down of one industrial concern, there will likely be others running. And these other establishments try to hold up the inhabitants until a resumption of the major plants takes place.

**T**HE community being dependent upon the well-working of its factories, the business men and the leading men in other walks of life bend their energies to keep them going. As each one suffers when the mills close, each one vies with the other in using his influence to keep them running.

*(Turn the Page)*



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Then too, it must be remembered, that there is more sickness in these cities. Many of the people come from a totally different part of the country; they do not always stand the changed climate and living conditions. Further, this moving around increases the hazards of contagious disease, which always brings a train of other ailments. These complaints call for medical attention; doctors must be there.

But while there are many advantages, there are also many disadvantages. The physician does not always sit upon a bed of roses. Probably his worst drawback is the strike. When a sure enough strike comes on, the wheels of industry are almost paralyzed. The people do not earn, and what they have saved must go for food and shelter. At times like this, the physician's services are considered a luxury, along with jewelry and prize fights. The people will not call him for slight ailments or even for the more serious illness, if they can possibly help it. They do their own doctoring, with the kindly aid of the prescribing druggist. In fact, they will not send for the doctor until they are right up to death's door.

A practice in these commu-

nities is less permanent, because there are naturally a lot of floaters. When work shuts down the people often move to some other locality, and the doctor must get along the best way he can.

It is not often that they will send money back to pay up what they owe. Sometimes they would be glad to pay, but the depression has left them in such a deplorable state, financially, that they cannot do so.

Then when work resumes, those who have not moved away are slow to pay. They seem to have a sneaking idea that bills contracted during the strike should be cancelled like a postage stamp or the war debt.

When the strike is over and the wheels of the industrial concerns begin to turn again the physician's check-book is the last to recover.

Nevertheless, with all the disadvantages of a practice in an industrial community, it is my candid opinion that the advantages outweigh them all. The time of rushing orders in the factories, is the time that the medical man must prepare for the cessation of activity.

He must prepare for industrial war in time of peace.



## Doctors and Druggists Join Forces

*Continued from Page 11*

"the best kidney remedy," and other nostrums. They still carry in stock the popular selling proprietaries, but in no instance do they recommend them. Furthermore, they each have a section in the store where they keep a list of items which they call "fakes," and they have no hesitancy in referring to the preparations as "fakes" in the presence of prospective buyers. In no instance will a druggist prescribe or suggest a remedy for any ail-

ment, no matter how simple it apparently is. On the contrary, he refers the patient to one of his physician friends.

How is the plan financed? Wholly by the members of the Columbus Retail Druggists' Association. From the standpoint of community health and welfare, they figure it a good investment even if they do not profit monetarily. However, the physicians of Columbus have it within their

*(Turn to Page 49)*

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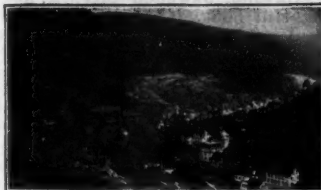
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(Turn the Page)

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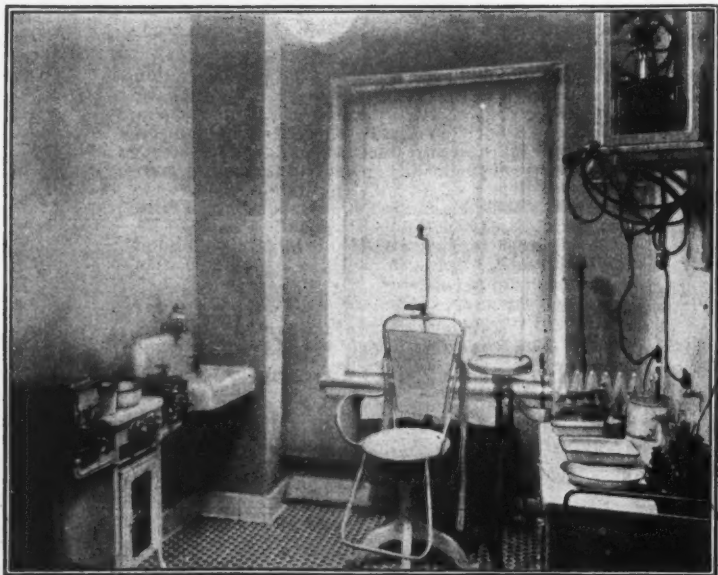
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(Top, left) An elaborate consultation room in the Hollywood Medical Arts Building, Los Angeles.

(Bottom, left) Office of an EENT specialist, containing: Specialist's chair, cuspidor, spray outfit, pressure machine, sterilizers, and examining lamp. Its approximate cost was \$400.

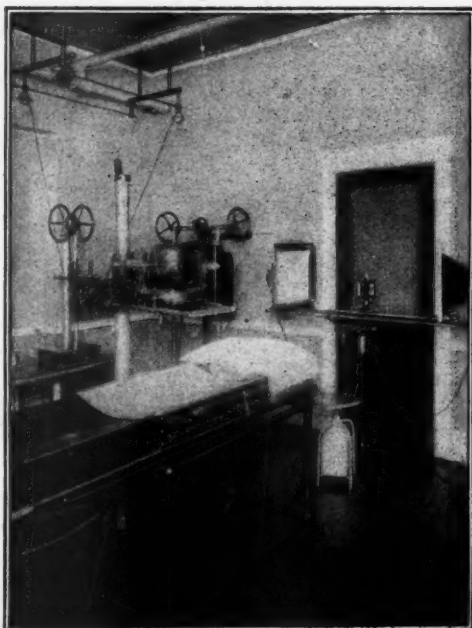
(Top, right) Office of a physio-therapist in Atlanta, Georgia.



## —from the “Better Equipment Album”

(Bottom, right) Office  
of a physician in Newark,  
N. J. Approximate cost,  
including operating equip-  
ment and laboratory in  
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## Doctors and Druggists Join Forces

*Continued from Page 45*

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**I**F YOU don't happen to like apples there is much to be said for a doctor a day. Physicians refer somewhat contemptuously to patients who circulate from office to office and call them "shoppers," which is pretty ungrateful as it is this floating trade which does much to make medicine a profitable profession. The monogamous patient misses much education and entertainment. Only the unimaginative invalid can get along with a single doctor, because the choice of a healer depends upon your mood as well as your ailment. There are still a few general practitioners in New York willing, and possibly competent, to tackle any sort of case, but such are not for the connoisseur. Rotation has been vastly encouraged by physicians themselves, for your complaint must be simple indeed if you can get by without being passed along to a few other hands by your first consultant.

However, I am speaking here of a still more intensive sort of research. If you are interested in your heart, by all means support more than one cardiologist, and surely no neurosis worthy of the name ever yielded to the first psychiatrist who tackled it.

There is a saying among doctors that the ideal specialty is that of dermatology because, "Your patients never call you up late at night; they never die; and they never get well." But bas-

ically every physician wants to be a psychiatrist. Of late there has been a great deal of criticism of the profession by its younger members. The charge goes that doctors are indifferent to the psychic or mental factor in disease. This may hold good of certain communities but surely it is no longer true of New York. Here you can hardly turn up with a sprained ankle and expect the medical man to refrain from asking, "Will you please tell me a little about your sex life?"

Officially, Dr. Freud has had scant honor from the doctors of America, but they have paid him the more important compliment of taking over at least a portion of his methods no matter how much they may condemn him. Posterity will have to decide whether the Viennese is one of the great healers of all time, but at least he has made the business of going to the doctor a far more exciting adventure than it used to be in the old days of castor oil and mustard plasters.

**A**ND I mean more exciting for the doctor as well as the patient. Surely the libido offers more entertainment than the liver.

All psychiatrists may be divided into two classes, and the distinction is important to the patient although it is not recognized by the medical profession. Some nerve specialists believe in the pat on the back and the rest hold

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to the kick in the pants. There are no others. In the very beginning, then, the sick man should decide whether he wants to be told that he is drinking and smoking far too much or that there is nothing whatever the matter with him. It is not always possible to tell in advance unless you know something of the private life of the physician in question. For instance, on a Monday, I consulted Dr. K., who said that I was in splendid condition. Mildly I remonstrated that I had been hitting a fast pace and with some remorse I mentioned alcohol. "I can't see that it does you any harm at all," insisted Dr. K. "Keep on just the way you are going."

Now, this was all wrong because I was under the necessity of getting to work on a play for which I had drawn an advance. I wanted a doctor who would tell me that I must cut down decidedly on late hours, cigarettes and cocktails. Accordingly, I went that afternoon to Dr. H. He was stern. "No cigarettes," he said, "and no alcohol." My suggestion that I taper off he thrust aside. This was much more than I wanted and naturally I went back to Dr. K. on the following day. I told him of the advice I had received and he shook his head gravely. "H. is a fine man," he began, "and an excellent doctor. It's too bad about his spleen."

"What about his spleen?" I asked.

"Well, you see they took it out last winter and they won't let him smoke or drink and so he won't let anybody else."

The problem of leaving a nerve specialist is much simpler than deciding when and where to be-

gin. After you have been going to him for a while he is almost certain to bring up the question of whether or not you really want to get well. He will explain to you in the light of previous cases how useful symptoms are to the neurotic. They enable him to dodge many responsibilities which are irksome. Probably he will tell you of a patient he had who apparently became paralyzed. All the doctors in the known world said that her ailment was organic but the particular psychiatrist who is telling you the story was much smarter. He found that the girl hated to help her step-mother with the dishes. Accordingly her unconscious produced an hysterical paralysis which relieved her of drudgery. The cure, as related, will probably have something to do with learning to weave baskets and marrying a man in Omaha. As a veteran neurotic, I warn every patient to quit the doctor the instant he begins suggesting that possibly there is no desire to get well. Whenever this subject comes up you may be sure that the doctor is along toward the end of his rope. Having small hope of effecting a cure he has begun to prepare his alibi.

As a matter of fact, nerve men should be changed with great frequency. If they can do the trick at all it will be effected by personality and if the spots before the eyes don't disappear within the first few visits everything is off. Just what sort of personality is good for the neurotic I don't profess to know. There is a most successful doctor who performs many seeming miracles by using the firm hand-

(Turn to Page 64)

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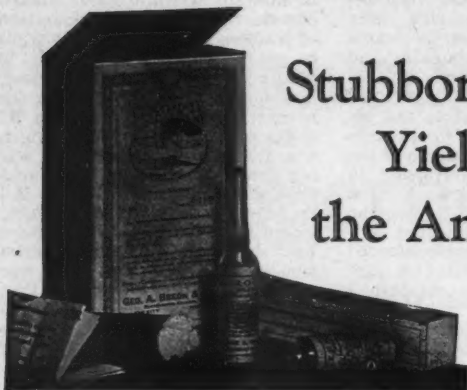
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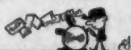


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*(Turn the Page)*

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# The Doctor and His Investments

*Continued from Page 17*

company has been dissolved unless they are subject to redemption. Usually the redemption price is above par. In the present market, it is important for the investor to avoid preferred shares which are selling above the redemption price, if the call date is near at hand.

The fact that bonds represent an obligation which must be paid off in full at its maturity date renders fluctuations in the market price of sound bonds largely of theoretical significance to the permanent investor. However, in the case of stocks—common or preferred, which have no maturity date,—the security holder can reimburse himself ordinarily only through selling the issues for what they will bring at the open market place.

As compared with bonds, preferred shares of the same companies bear a higher rate of return to the investor.

Frequently the voting power of a corporation rests solely with the common stockholders, although in the case of most of the railroads the preferred stock has equal voting rights. Frequently, even non-voting preferred has a conditional voting power, which becomes effective if the preferred dividend has been omitted.

Illuminating studies conducted by Lawrence Sloan, of the Standard Statistics Company and reported in "Speculation—the Dazzling Adventure" (Harpers) emphasize the disadvantages of buying preferred shares of weaker companies, whose dividend pay-

ing ability through all stages of the business cycle may be in any doubt. Mr. Sloan concluded that preferred stock prices have in the past moved more closely with speculative common stock prices than with the quotations on bonds.

This view is somewhat heretical and contrary to the view that preferred stocks are influenced primarily by the course of interest rates. Mr. Sloan conceded, however, that "the highest grade preferred stocks fluctuate more closely in accordance with the yield factor than do second and third grade preferred stocks," reinforcing my suggestion to avoid the more speculative preferred stocks.

Preferred stocks are poor medium for speculative, but are desirable for conservative investors.

He also pointed out that "preferred stocks constitute the poorest speculative medium for those who seek substantial profits through price appreciation, and one of the most conservative of media for those whose primary concern is the purchase of income."

As a practical rule of thumb guide for physicians, I suggest the subjoined tests of the merit of preferred stocks:

1. Would there be adequate tangible property behind the preferred stock, after all the bonds and other debts of the corporation were paid off?

*(Turn the Page)*

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A tonic plus antiseptic. Rebuilds impaired vitality and aids in preventing intestinal infection.

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## Recurrent Vomiting in Children

**E**ARLY in the development of the subject of acidosis in children, David L. Edsall directed attention to the question of therapy. His article under the title of "A Preliminary Communication Concerning the Nature and Treatment of Recurrent Vomiting in Children" appeared in "The American Journal of The Medical Sciences."

He states that "by the liberal use of alkalies impending attacks were avoided and the acute underlying symptoms subsided of themselves in a few days."

In hyperacid states, both in the child and in the adult, Phillips Milk of Magnesia admittedly holds the premier place among the long list of available antacids.

Phillips Milk of Magnesia is most popular with physicians because it is effective,—it is pleasant to take,—it does not produce distension by gas or irritation.

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**The Charles H. Phillips Chemical Co., New York and London**



2. Is the demonstrated earning power over a period of years—not the prospective or “maybe” earning power—equal to the preferred stock dividends with an ample margin to take care of fluctuations in the normal business cycle?

3. Is there a substantial block of common stock junior to the preferred outstanding to assume the shocks and speculative risks of the business?

4. Does the company occupy a commanding or at least a superior place in its industry?

5. Is the company engaged in an essential and relatively staple and permanent industry?

6. Is the preferred issue safeguarded by priority as to assets,

by at least conditional voting power, by cumulative provisions, by a power to veto proposed obligations which would have a prior claim on earnings and assets?

7. Is the preferred issue callable and is the redemption price above the present market value?

8. Has the stock participating or convertible features? These are comparatively rare, but, where obtainable, add to the attractiveness of preferred issues.

Following is a list of better grade railroad, public utility and industrial preferred stocks, which under present conditions seem suitable for the investor with diversified holdings:

#### PREFERRED STOCK

|                                    | Rate<br>(Div. in \$) | Price              | Yield |
|------------------------------------|----------------------|--------------------|-------|
| <b>Railroad</b>                    |                      |                    |       |
| Atchafalpa .....                   | 5                    | 103- $\frac{1}{2}$ | 4.83  |
| Union Pacific .....                | 4                    | 85- $\frac{1}{2}$  | 4.67  |
| *Southern Railway .....            | 5                    | 100- $\frac{1}{2}$ | 4.98  |
| Norfolk & Western .....            | 4                    | 86- $\frac{1}{2}$  | 4.64  |
| *Pere Marquette (2nd) .....        | 5                    | 96                 | 5.21  |
| *Illinois Central .....            | 6                    | 136                | 4.41  |
| *Missouri Kansas & Texas .....     | 7                    | 107- $\frac{1}{2}$ | 6.49  |
| <b>Public Utility</b>              |                      |                    |       |
| Pacific Tel & Tel .....            | 6                    | 123                | 4.87  |
| *Niagara Falls Power .....         | 1- $\frac{3}{4}$     | 28- $\frac{1}{2}$  | 6.14  |
| American Gas & Electric .....      | 6                    | 106- $\frac{1}{2}$ | 5.61  |
| Electric Bond & Share .....        | 6                    | 110                | 5.45  |
| New York Telephone .....           | 6- $\frac{1}{2}$     | 114- $\frac{1}{2}$ | 5.66  |
| Public Service of New Jersey ..... | 6                    | 106                | 5.66  |
| <b>Industrial</b>                  |                      |                    |       |
| American Car & Foundry .....       | 7                    | 133                | 5.26  |
| United States Steel .....          | 7                    | 139- $\frac{1}{2}$ | 5.01  |
| National Biscuit Company .....     | 7                    | 140                | 5.00  |
| American Tobacco .....             | 6                    | 119- $\frac{1}{2}$ | 5.03  |
| American Banknote .....            | 3                    | 61                 | 4.91  |
| American Smelting & Refining ..... | 7                    | 134                | 5.22  |
| *DuPont Deb. ....                  | 6                    | 115                | 5.21  |
| National Lead .....                | 7                    | 111                | 6.30  |

## Ups and Downs

-a monthly review by the  
financial editor

Since the first of the year, the Federal Reserve System has exerted its influence through its

open market operations and through regional bank rediscount rate increases toward tightening the money market.

It has evidently viewed with disapproval the expansion of brokers' loans for the purpose of financing speculation in securities to unprecedented peaks, and has

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of the human engine is especially important during the winter months when weather inclemencies make added demands on your patient's vitality and tend to delay convalescence.

## **Gray's Glycerine Tonic Comp.**

(Formula Dr. John P. Gray)

will supply the energy for complete recovery.

During the slow convalescence from infections of the respiratory tract, its restorative and stimulating effect will be gratefully felt, particularly where the digestive tract may have been fatigued by prolonged medication.

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specify  
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bottles*

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## *Post-Maternity Cases*

Pregnancy and parturition entail a serious drain upon the human organism, especially upon the nervous system. In post-maternity cases

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Eskay's Suxiphen*

is of particular value, because it furnishes calcium and phosphorus in the closest possible form to that in which they exist in the nervous system.

It supplies these needed basic elements, tones the nervous system and acts as a true nerve-cell reconstructive.

*Eight and Sixteen ounce bottles*

sought to quiet down speculative activity. In the circumstances, the individual operator has had public warning to review his accounts, and to clean out weak and overextended positions. The speculative atmosphere therefore has been suffused with a spirit of caution, in spite of spectacular efforts of pool operators to display strength in particular issues which they have been exploiting.

Colonel Leonard P. Ayres, vice-president of the Cleveland Trust Company and a leading forecaster, has pointed out that in the past brokers' loans and the market valuation of stocks have fluctuated closely together. After surveying the movements of the two lines during 1926 and 1927, he found that "each time that the loan line worked higher than the stock price line, the market had a downward reaction." He contended that the March 1926 break was forecast by the relative position of the two curves.

Colonel Ayres, discussing the situation as it appeared in February, said in the bulletin of his bank: "At the present time the volume of brokers' loans is relatively greater when compared to stock prices than it had been at any previous time since just before the great market break of early 1926. The diagram strongly suggests that this is a time for caution in speculation. Probably it is a better guide in this matter than even high-placed official comment."

Earlier Colonel Ayres had predicted that stock prices would touch a new high level in 1928, but he now leans toward the view that they will go lower before they turn upward.

Business continues divorced from speculation. In the latter half of 1927, when business was receding both from the standpoint of volume and of profits, stock prices on the average were climbing to unprecedented peaks. Now that business gives distinct signs of recovery, on the other hand, nervousness has been ex-

## CHRONIC ASTHMATIC CASES

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pressed over the security price level.

The late 1927 rise was influenced primarily by the artificial ease in interest rates, which the Federal Reserve authorities have since attempted to offset. Signs of business recovery are seen in most of the basic industries, but primarily in increased orders in the iron and steel and automotive industries. Freight car loadings of miscellaneous commodities, but excluding coal, have also begun to turn upward.

A barometer of business recovery is to be found in the bringing back of idle blast furn-

aces into production. In January, sixteen blast furnaces came back—more than in any month since 1924. There are 354 blast furnaces in the country. In February, 185 of these, or 52.3 per cent were active early in the month.

In spite of the short term change in Federal Reserve policy, there is no indication that the protracted spell of abundant credit is over. Therefore, aside from temporary adjustments, there is little in the economic outlook to disturb the genuine investor, as opposed to the speculator.



## • Knee Jerks •

*Continued from Page 53*

shake and the engaging smile. Every time you tell him another trouble he will widen the smile and show you another tooth. After the fourth visit I began to develop a fixed idea. "What road-company leading man is it that he reminds me of?" kept pounding through my head. And so I left him for a doctor with less sense of humor and a tighter smile.

And there were other things which alienated me from Dr. T. Susan H. was his patient concurrently, and on her first visit he measured her feet with orangewood sticks. I don't know what he learned from this, but I felt that I ought to get just as much for my money as Susan. And good Dr. T. is an offender in another way not un-

known in the waiting-rooms of New York physicians. The hour of the appointment is invariably precise. You will be told to come at twelve minutes past eleven and with any luck you will get into the office at half past two. Dr. T. has many more patients than he can handle but that never discourages him. He just keeps on trying.

The sick man, and particularly the neurotic, is imprisoned in a vicious circle. If a doctor has time to spare, the chances are that he isn't much good, and if he is good he hasn't much time. Exceptions should be noted in two classes. The psychoanalyst almost invariably plays square and gives the patient one solid hour at the time appointed. The pro-

*(Turn to Page 80)*

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Still, it contains approximately 80 per cent of castor oil, homo-

genized into so palatable a form that it tastes like whipped cream.

It is the easiest thing in the world to administer to children, and as effective, dose for dose, as the old fashioned castor oil.

Prescribe Lacricin, and the patient with the "castor oil complex" will never know he is taking it—and the medicinal effect is the same.



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Gentlemen: Please send me, free of charge,  
a bottle of Lacricin.  
Dr. \_\_\_\_\_  
Address \_\_\_\_\_

## Why Country Doctors Leave Home!

*Continued from Page 33*

for residence and office, the doctor and his attractive wife settled down to await the rush of villagers. In six weeks, as the story goes, he had exactly two patients in; one an old rheumatic dead beat, and the other a venereal chronic, who had spent all his money doctoring in the city, but who would have some money to pay him as soon as he was well enough to go back to work.

The rest of the village and surrounding country remained apparently in perfect health, or, as it appeared, employed a neighboring village doctor, just as they had done for years. The old doctor who had just died had been a semi-invalid and out of practice. Discouraged with this situation, Doctor D. promptly returned to military life, cured for all time of rural practice yearning. Perhaps he did not stick it out long enough? Who knows?

Doctor E. thought country practise offered more than a discouraging effort to establish himself in a large city, so he began to peruse the medical advertisements. Soon one struck his eye—\$5,000 unopposed practice in a modern mid-West village, good roads, good schools and churches, electric lights, stores, lodges—the usual everything. On correspondence, the village physician wrote that he had been there four years, had saved up \$10,000 in that time, and was going to locate in a city.

This looked fine to Doctor E. He could bury himself in this unopposed village location for a few years, save up his \$10,000, and

then re-locate in the big city unharrassed with pressing financial engagements. The village doctor urged immediate action, as three or four other physicians were after the location, and the first one on the field would be the successful one. Action—that was what was wanted; so Doctor E. sped swiftly to the scene. The modern village did not look quite so modern when he arrived on the scene, but the villagers appeared very friendly, and the retiring physician seemed to be overrun with patients just then—right towards the end of the flu epidemic.

With spring opening up, the surrounding country looked promising and after a few days of looking the field over, Doctor E. decided he would stay. One thing Doctor E. sadly overlooked was that during the four years in which the village physician had saved his \$10,000 a majority of the active doctors over the country had been away in military service. The flu epidemic had also created an unusual demand for medical attention; and with farm product prices at their highest, the countryside had more money than usual.

Just about the time that Doctor E. landed, the flu began to subside, and after about two months of fairly promising practice, the bottom seemed to fall out. During the summer months practice was very dull indeed. Everyone in the village seemed anxious to have the new physician spend what little money he had. House rent was a third

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higher than it had been for the previous local inhabitant. City prices were paid for food. Running his Ford into the garage for a looking over and tightening the physician received a bill for some \$90, almost as much as the Ford would have brought at sale.

The local church seemed to expect the doctor to contribute about twice as much as any one else; they never passed him by when soliciting. Trying to be businesslike, and incidentally derive some income from his work, the new doctor sent out statements regularly the first of each month. Did the villagers come in promptly and settle? They did not; and many of them promptly became insulted—"never got a dun before in my life." The old physician in the community had apologetically presented a humble statement once a year around Christmas or New Year's. If a small percentage paid, all right; if not, another humble statement the next New Year's resulting in steadily mounting accounts.

The new physician was too high priced. The idea of charging \$1.00 for office visits, and \$1.50 for house visits in the village, with a slight mileage increase for country calls! Old Doc Smithers twenty-five years before never charged over fifty cents for a call.

When a diphtheria epidemic presented, the new doctor endeavored to handle the situation in a modern way with throat cultures, antitoxin and proper quarantine. Did the villagers and simple country folk appreciate his efforts? They did not. Instead, more knocking, and refusal to call him in many instances of sore throat, for fear he would put them in "quarantine."

Instead, they called a competitor from another village, who obligingly called sore throats a little touch of tonsillitis, with no bother about quarantine.

Called to attend a child in extremis with diphtheria, after a week's unattended sickness with

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**Cleveland, Ohio**

the prevalent "sore throat," the new doctor administered diphtheria antitoxin at once, explaining to the people the almost hopeless nature of the case. When the patient died the parents were loud in denunciation of the new doctor, telling one and all he had killed her with the antitoxin.

The village postmaster ran a sort of variety counter in the post office lobby, selling many cheap eyeglasses of the "fit-yourself" variety. Encountering a case of suspected eye strain, the new doc advised his patients to have the eyes examined by a competent specialist. This was enough for the postmaster; he saw an injury to his "business" in eyeglasses, so he at once became a virulent hammer wielder. Let the doctor's phone ring (on a party line) and immediately every party phone was off the hook to "listen in" with frequent and malicious distortion of any remarks the doctor made over the phone. Out on a call in the village, everyone he met wanted to know who was sick, the exact nature of the illness and so on. If he gave out the slightest information on a case, he "talked too much." If he evaded, he was an old grouch, and often he had hardly taken his departure from a residence, before some curiosity-stricken female was making a back-door call to find all about it. If the physician presumed to make a second call on an ill patient, without being specifically asked to do so, he was simply trying to "run up a bill" on them.

If he waited to be called a second time and the patient became worse, he was neglectful. If he took an afternoon off to witness a ball game, go fishing, or take the family for an airing, he was loafing. Called to an obstetrical case, he was supposed to remain in constant, immediate attendance until the event was over, and he was usually called at the first suspicion of a labor pain.

But he was a conscientious, patient sort of a man, and tried

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to give the best medical attention he could under all conditions. But gradually the constant unjust knocking, the attempts to beat down on his already low fees, or to evade payment altogether, and the general run of petty annoyances got the better of his good nature. He decided to quit, and go back to the city. Then he found out how many real friends he had been making in the community, but it was too late. He was off country practice for life; and who could blame him?

Of course, one swallow does not make a summer. Where some city doctors find conditions in the country not to their liking, a good many do manage to make out well enough, or to acclimate themselves to rural conditions, but these few instances I have recounted are enough to erect a large and prominent 'Stop-Look-and-Listen' before any city doctor who looks with a possibly yearning eye upon the green pastures of rural medical practice.

It's a mirage, most of the time. And you know what usually happens to the luckless desert traveler who gets the mirage bee in his bonnet.

Look before you leap, Mr. City-Doctor-In-The-Making, and if then you decide to leap; may the Goddess of Luck smile upon you, as you habitate amongst the green meadows and shady wayside dwellings of your selected country district.

Have you seen the "Medical Economics Better Equipment Album"? If not, write for the name of a dealer where it can be seen without obligation.

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## They relieve the symptoms of hemorrhoids *promptly*

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In the local treatment of both external and internal hemorrhoids physicians have found that Norwich Unguentine Cones can clear up the most annoying symptoms. Relief from itching, smarting and burning comes almost at once. Even in those very severe cases requiring internal treatment and operation, clinical experience has found Unguentine Cones indispensable in reducing venous engorge-

ment and bleeding.

Unguentine Cones have the four essential properties for the successful treatment of rectal inflammation. They are antiphlogistic, mildly astringent, antiseptic, and non-irritating.

We believe you would find Unguentine Cones of greatest efficacy. Packaged in boxes of 12. We should be glad to send you a trial box without cost. Address Medical Department, Norwich Pharmaceutical Company, Norwich, N.Y.



A trusted name

## Unguentine Cones



## Everybody's (Cont. from Business Page 23

is entailed in warming a leaky house with coal. It is developments of this kind that plainly indicate the difficulty of visualizing the ultimate end of any industrial innovation.

Less than four years ago a chemist finally succeeded in producing a glass that would transmit a considerable part of the vital rays of the sun. Soon put into commercial production, this glass has proved of such biological value that it has created a stir throughout the world. Seeds under the new glass germinate 24 hours in advance of those under ordinary glass. Lettuce has a deeper green and shows sturdier growth. Getting the ultraviolet rays to cattle and poultry that are kept under shelter in the winter months is producing material benefits in many places. Patients in hospitals and children in homes and schools also continue to show positive evidence of benefit from exposure under the new health glass.

The public has come to understand what it means to live in sun-starved bodies as a result of spending ninety per cent of its daylight hours behind glass that shuts out the life rays of the sun. The outcome will be a revolution in glass making and a clearing



### Simplicity Accuracy Reliability

Backed by three generations of practical experience in Artificial Limbs.

A. A. MARKS, Inc.  
90 Fifth Ave.  
New York City

**W**HEN the heart has been weakened from prolonged overwork and strain,

## CACTINA PILLETS

*A Preparation of the Mexican  
Night Blooming Cereus*

may be safely and effectively prescribed.

Thus employed, Cactina gradually improves the nutrition and tone of the heart muscle, restores the cardiac rhythm and renders the heart more resistant to irritating influences. Cactina is a true cardiac tonic without cumulative effect.

*Samples to Physicians  
Only*

Gentlemen:

Please send me a professional sample of CACTINA PILLETS.

Dr. ....

Address .....

.....

Sultan Drug Company  
St. Louis, Missouri



In treating tuberculosis a prominent physician writes as follows:-

"I believe that we have in creosote a remedy which defertilizes the lung tissue and renders it an unfavorable soil for the growth and development of micro-organisms. It is also an excellent expectorant. Combined with other measures to promote nutrition, it seems to me the best remedy which we have up to the present time to favor an arrest of many forms of tubercular disease.

"Digestion markedly improves, the appetite is increased, the bowels are relieved of irritating ingesta, and the diarrhoea and constipation are overcome. As a natural result the nutrition is notably improved, the bodily weight increases from two to twenty pounds."

Mistura Creosote Comp. (Killgore's) is a palatable preparation and will meet all requirements of creosote treatment.

Send for sample and literature to Charles Killgore, 55 West Third Street, New York.

*Aphroac*

*Phytoroide*

## "The Asthenic Month"

March is marked by the aftermath of pulmonary (pneumonia), pleural (pleurisy) and bronchial (bronchitis) inflammation.

Cell activation, metabolic stimulation and nerve reconstruction are urgently indicated to bring physical and mental forces back to par.

### PHOSPHO-ALBUMIN (C and C)

contains Gonad, Brain, Spinal Cord, Thyroid, (gr 1/6), Thymus, Pancreas and Duodenal Mucosa substance in effective combination.

Syrup Phospho-Albumin

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**SECURE RESULTS WHICH SATISFY.**

You are welcome to literature of any of our products.

**THE KELLS COMPANY**

NEWBURGH

NEW YORK

*Tryphetin*

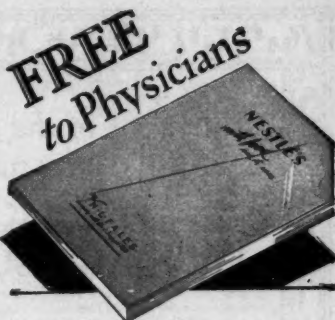
*Pil Mixed Treatment*

up of a moot question respecting the utilization of unskimmed sunlight. The sun sends us three octaves of ultra-violet rays, and it now appears that we need only the first half of the first octave. These are the essential waves we must get into our homes and working places, and they are the very ones that ordinary glass shuts out.

Careful tests of the U. S. Bureau of Standards show that some of the so-called health glasses are practically worthless. But that the idea is sound and practicable is evidenced by the fact that at least one type of glass produced under careful supervision continues to transmit from thirty to forty per cent of the ultra-violet rays of the sun after the photochemical action, called solarization, has finished.

Who would have believed a short time ago that a radical departure in glass manufacture would do more than all else to bring about a nation-wide movement to eliminate the evils of smoke? Health glass is of no value if the ultra-violet rays cannot get through the outside atmosphere to reach the window. It is the short vital rays that are cut off first by solid matter in the air.

There is a new metal called "kuprox" which has the property of conducting electricity in one direction only. This permits charging batteries at twice the rate of the ordinary method. In



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INFANT NUTRITION

We feel sure that physicians everywhere will be genuinely interested in this new booklet by Helen L. Fales, containing a careful, detailed analysis of the Improved Nestlé's Food.

Miss Fales has won an enviable reputation as an analytical chemist, especially interested in infant feeding. Her work at the Babies Hospital and her long association with Dr. L. Emmett Holt give her opinions of this subject unusual interest and value.

In this new book she gives a complete report on the composition, properties and uses of the Improved Nestlé's Food. We shall be glad to send you a copy, also samples of the Food and celluloid feeding table calculator. Simply fill out and mail coupon below to

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(Elix. Ang. Amari Sgt.)

As a vehicle for masking obnoxious drugs. As an agent for stimulating metabolism.

Send for Sample  
J. W. WUPPERMANN  
Promotion Department

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## Why, one of the many? Why not use the BEST?

Any suppository to be effective must be

ASTRINGENT, STYPTIC, TISSUE SHRINKING, ANALGESIC

### MICAJAH'S SUPPOSITORIES

stop bleeding, shrink pile tissue, soothe soreness, oppose inflammation, do not irritate, do not produce intolerance of the rectal mucosa, do not contain any narcotic or habit forming drug; hence their use assures satisfaction in treatment of

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and in Proctitis, Fissure or Fistula Ani, Pruritus Ani

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## NURSING MOTHERS--- And the Laxative Problem . . .

Physicians recognize the importance of administering a laxative to nursing mothers that will itself be completely eliminated by the system, thus preventing any unwholesome effect on the milk.

Phenolphthalein, administered in the form of Feen-a-mint, the delicious mint chewing gum laxative, passes the stomach unchanged. On reaching the alkaline medium of the intestines it becomes soluble and gently stimulates the normal secretions of the intestinal walls without appreciable absorption. The phenolphthalein is then carried into the large intestine by the progressive movement

of the contents where it has an active stimulating effect resulting in defecation.

In the case of a prompt movement most of the phenolphthalein will be excreted with the feces unchanged. It has been estimated that not more than 15% of the amount administered is absorbed, and even this reappears as phenolphthalein, re-entering the intestine with the bile and passing out with the feces as did the main portion.

A request upon prescription blank or professional stationery will bring you a supply of Feen-a-mint—implying no obligation on your part whatsoever.

**Feen-a-mint**  
*The Chewing LAXATIVE*

HEALTH PRODUCTS CORPORATION 113 N. 13th ST., NEWARK, N. J.

fact, the field of new alloys is practically endless, for it would take a chemist a lifetime to exhaust the possibilities that lie in the mixing of even three or four metals. A few years ago the metal beryllium seemed to have no value whatever. Now we find that alloys made with it are far more resistive to corrosion than carbon steel.

A German priest has produced a powerful explosive by saturating finely divided organic bodies with liquid air. A Finnish inventor has produced a liquid that makes wood fireproof. A new protective paint has been designed for use in sealing joints against oil leakage. A clever German found that by treating pine needles in such a way as to get rid of their resin content, he had remaining a sort of "pine wool" made up of strong fibers resembling hemp. The resin can be made into fuel briquets, while the wool may be woven into heavy fabrics.

Few things have interested folks more in recent months than the new varieties of so-called "dry ice" that are merchandised under different trade names. One of these is made by mechanically freezing carbon dioxide, the same gas which imparts "fizz" to soda water. By means of this heat-absorbing solid gas, it becomes



## The Magic of Erin

Actually live over the dream songs of Ireland. Bask in the loveliness of Killarney and its magic lakes and fells. See Kenmare, Bantry, Glengarriff, Cork and famous Blarney Castle with its talisman of cajolery and eloquence.

Include Ireland in your trip abroad. See Tipperary so often yearned for in song—rich Waterford and the Leinster Vale at Avoca. The convenient way is by the Fishguard-Rosslare route to and from London. A bracing sea trip on the fast and comfortable steamers of the Great Western Railway and a picturesque journey through Wales and Western England.

Guide No. 33 containing maps and illustrations will be gladly sent to you on application

K. W. C. GRAND, General Agent  
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## GREAT WESTERN RAILWAY of England



[ A generous sample for clinical trial will be sent upon receipt of your request. ]

Taurocol Tablets are prepared in two forms, both of which contain only the purified portion of the natural bile of the bovis family, and its two active salts, the Taurocolate and Glycocholate of soda.

Taurocol Compound Tablets  
with Digestive Ferments and  
Nux Vomica

## THE PAUL PLESSNER CO.

Detroit

Michigan



## Lenore Ulric Talented Actress, writes:

*"With women in practically all the professions smoking, I have observed those in my own calling and have found their favorite cigarette is the Lucky Strike. I always choose it for my occasional smoke because it affords the greatest relaxation and pleasure."*

*Lenore Ulric*

## The Cream of the Tobacco Crop

"Buy the best Cigarette tobacco sold on your market.' These are my only instructions in buying tobacco for LUCKY STRIKE Cigarettes. As a buyer, it gives me a thrill to know that I am getting the 'Cream of the Crop.'"

*Geo. J. Munter*

Tobacco Buyer



# "It's toasted"

No Throat Irritation - No Cough.

possible to transport ice cream from New York to the Tropics, or ship frozen fish across the Continent in perfect condition.

What a really amazing thing it is to think that the ordinary flue gas from our chimneys may one day be caught and reduced to a product that will become immediately a direct competitor of ordinary ice. Even in the present early stages of this remarkable process, it has been found that one pound of solid carbon dioxide will do the refrigerating work of 15 pounds of ice water. The user of the "dry ice" does not have to take care of any disagreeable liquid, for the new refrigerant gives off only a harmless gas that preserves rather than injures foodstuffs.

The temperature of this strange substance is about 110 degrees below zero. It is so cold that if grasped too firmly it will destroy cell tissue just like a burn. In several instances ice cream shipped hundreds of miles under the preservation of dry ice reached its destination in such a cold condition that it had to be warmed before being eaten. If this had not been done, the lips would have been burned when the cream touched the mouth. Who can say what the ultimate effect of this development will be on the future of our present ice industry?

Practically no field is neglected by the keen eye of science. A Scandinavian concern is mak-

#### Atrophic Rhinitis

In this stubborn, unyielding condition much relief is afforded, and the offensiveness is much reduced by the routine use of Nichols Nasal Syphon.

Write for data!

**NICHOLS**  
NASAL SYPHON  
159 East 34th St. Dept. ME. N.Y.C.

**W**HEN hepatic secretion is suppressed, in whole or in part, the process of digestion ceases to work smoothly and after a time the sufferer seeks professional advice.

Among the several agents recommended

## CHIONIA

*A Preparation of  
Chionanthus  
Virginica*

has won a position of prominence. It has been in use for so many years that practically the entire profession is acquainted with its value as an hepatic stimulant. Prepared exclusively for Physicians' Prescriptions.

Gentlemen:

Please send me a professional sample of CHIONIA.

Dr. ....

Address .....

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Peacock Chemical Co.  
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ing an interesting variety of building block by mixing crushed ice or snow with certain proportions of cement and sand. The mass is heated and the resulting evaporation of the water of the melting ice leaves a block or brick uniformly honeycombed with minute pores. The number of pores can be varied by regulating the quantity of ice mixed with the cement. The blocks are so light that they effect a saving in weight of at least a third. When this ice concrete is made without sand the resultant product is a tough material than can be nailed, chiseled and sawed, as if it were wood.

Nor is all of our attention being given to things purely mechanical. Health preservation is coming in for increasing attention. Dr. Ernest Unruh of Berlin has given us a new anaesthetic known as "107." It permits operations on the face, nose and throat because no inhalation mask is required. Under its influence the pulse and blood pressure of the patient are said to remain practically normal.

I might go on for pages talking of new materials, any one of which may suddenly necessitate radical changes in current practices. Suffice it to say there

is no safety in business today for any executive or professional man who does not recognize the potential important of unexpected discoveries.



## Knee Jerks

*Continued from Page 64*

cess is long, sometimes painful and always expensive, but a certain number of those who are treated do get well. After all, there is a logical plan to the proceeding. As far as I have observed, the old-line nerve man has nothing to offer except the repeated advice, "Don't worry." When the patient continues to worry, the doctor washes his hands and recommends a trip to Europe or to Stockbridge.

"FOOT ORTHOPEDICS" is the title of a new book of 576 pages, containing all of the features of this important subject. Complete and scientific, yet so clearly outlined and so completely illustrated that it gives every practitioner information which he can apply in his daily work. Sent postage prepaid upon receipt of check or money order for \$8.00. "Table of Contents," on request. Write Marbridge Co., 225 Varick St., New York, N. Y.

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Thru our highly specialized service, physicians, wherever located in the United States, can make radium therapy available to their own patients.

We will analyze your case histories—suggest dosage and method of treatment.

Platradon is prepared for each individual case, and no detail is omitted which can contribute to the thoroughness and accuracy of the treatment.

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# AMPYDIN

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**A**MPYDIN meets the need for a dependable non-narcotic analgesic and antipyretic which is effective, yet relatively free from undesirable by-effects.

Supplied for convenient dispensing in crystals, tablets and capsules.

Trial sample and literature on request.

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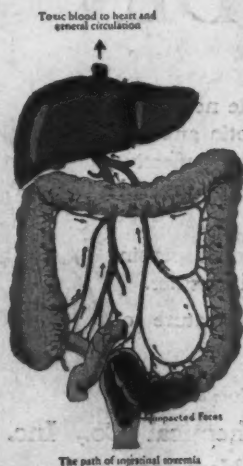
**New York, N. Y.**



## Dissolves Intestinal Toxins

**N**OT the least valuable of its properties is the behavior of Nujol toward intestinal toxins.

If a watery solution of indol be shaken up with Nujol, more than half the indol is quickly taken up. Nujol readily dissolves this and other waste and poisonous substances, many of which are more soluble in Nujol than in water. Once absorbed in Nujol, they cannot be absorbed by the system as Nujol itself is non-absorbable.



The brownish color of Nujol as seen in the stool is partly due to toxins which it holds in solution.

Nujol is a safe and effective treatment in all types of constipation and intestinal toxemia.

# Nujol

REG. U.S. PAT. OFF.